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CALIFORNIA'S TOBACCO CONTROL PROGRAM

The scope of the health education campaign launched by the California Department of Health Services, Tobacco Control Section (CDHS/TCS) is addressed in the Health and Safety (H&S) Code, Part 3, Chapter 1, commencing with Section 104350. These statutes authorize CDHS/TCS to fund a variety of innovative approaches to reduce tobacco use. These approaches include funding for local programs, including: 1) county and city health departments; 2) competitively selected community agencies through a competitive grant program; 3) statewide projects; 4) a statewide media campaign; and 5) an extensive evaluation of the entire Tobacco Control Program (TCP). The following is a description of key projects funded by CDHS/TCS, as of December 2004:

- A. **Local Programs:** The Local Programs Component provides training and technical assistance to the field, promotes advocacy campaigns and policy development, assists with educational materials development, and coordinates statewide campaigns such as Project SMART (Sponsorship Mission: Avoid Reliance on Tobacco) Money, the Strategic Tobacco Retail Effort (STORE) Campaign, and the Live, Work, and Play Campaign.

For additional information about local projects, review the CDHS/TCS-funded project lists at <http://www.dhs.ca.gov/tobacco/html/funding.htm#rfa07-101>, RFA TCS 07-101, Supplemental Materials.

Four groups comprise Local Programs:

- 1) **Local Health Departments:** Each of the 58 county and 3 city health departments are designated as Local Lead Agencies (LLAs). As the lead tobacco control agency at the community level, the LLA is responsible for coordinating information, referral, outreach, and education activities within its respective health jurisdiction. In general, the LLA is the lead on local community policy development, facilitation of enforcement of tobacco control laws, and local provision of tobacco cessation services.
- 2) **Competitive Grantees:** The competitive grant program funds a variety of community, statewide, and pilot projects. The agencies funded through this program are nonprofit agencies and may include community-based organizations, voluntary health organizations, health clinics, ethnic organizations, labor organizations, and youth organizations. Approximately 30 projects are currently funded.

- 3) **Partnerships for Priority Populations:** Seven nonprofit organizations are funded through the California Partnerships for Priority Populations program to provide a variety of population-specific, tobacco-control services and advocacy campaigns statewide. These include: African-American; American Indian; Asian-American and Pacific Islander; Hispanic/Latino; Lesbian, Gay, Bisexual, and Transgender (LGBT); Low Socio-economic Status (SES); and Labor. (End June 30, 2007.)
 - 4) **Statewide Grants:** CDHS/TCS funds several grants that are designed to have a statewide impact, by providing technical assistance and/or services throughout California. Statewide grants offering assistance to CDHS/TCS-funded projects are the Tobacco Education Clearinghouse of California (TECC), California Smokers' Helpline (1-800-NO BUTTS), Technical Assistance Legal Center (TALC), The Center for Tobacco Policy and Organizing (The Center), California Youth Advocacy Network (CYAN), Council for Responsible Public Investment (CRPI), and the statewide secondhand smoke (SHS) project (to be named).
- B. **Statewide Media Campaign:** The statewide Tobacco Control Media Campaign (TCMC) consists of a Tobacco Control Advertising Campaign (TCAC) and a Tobacco Control Public Relations Campaign (TCPRC). Both include linguistically and culturally relevant ethnic-specific campaigns. The TCMC utilizes thought-provoking messages to effectively communicate the dangers of tobacco use, the impact of SHS, and the tobacco industry's marketing ploys. The TCPRC includes communications planning and implementation, media relations and advocacy, technical assistance to local programs, grassroots coalition building, promotional event development, news conference coordination, media alerts and press releases, and media monitoring. The advertising and public relations components must be synergetic, delivering clear, powerful messages, with the greatest reach and frequency possible.
- C. **Data Analysis and Evaluation:** CDHS/TCS tracks and evaluates adult and youth tobacco knowledge, attitudes, and behavior through telephone and in-school surveys. These surveys also provide information about public opinion and knowledge related to tobacco use, which enables the other tobacco control components to more appropriately target their education and media outreach. Additionally, both in-house and independent evaluations of all tobacco control components are conducted to monitor progress toward reaching program goals and objectives, and to determine which strategies are most effective in reducing tobacco use. Evaluation data is incorporated into advertising strategies.

As noted previously, the California TCP has four broad program priorities. These four priorities and the rationale for them are discussed below:

1. Counter Pro-Tobacco Influences in the Community

Tobacco industry advertising and promotions are major social and economic forces aimed at promoting tobacco use. While the 1998 Master Settlement Agreement (MSA) with the tobacco companies mandated changes in the behavior of the industry, including specific prohibitions against advertising and promotional strategies that target youth, eliminating tobacco industry influence in local communities remains one of the highest priorities for California's TCP. The tobacco industry continues to maintain massive expenditures on advertising and promotion campaigns. As a result, Californians are exposed to saturation levels of media, which both stimulate adult consumption of cigarettes and increase the risk of youth initiation. Tobacco companies sponsor and strategically target specific community events, such as rodeos, festivals, concerts, and ethnic-specific cultural events to create the perception that the use of tobacco is condoned by those events and is glamorous, social, and normal. In addition, the motion picture industry has increasingly dramatized the use of tobacco in movies, thus aiding in recruiting thousands of new adolescent smokers.

See Communities of Excellence in Tobacco Control, Module 2 (2006), pages 27-30, for specific indicators within this priority area. The guide can be accessed at <http://www.dhs.ca.gov/tobacco/html/funding.htm#rfa07-101>, RFA TCS 07-101, Supplemental Materials.

2. Reduce Exposure to Secondhand Smoke and Increase the Number of Smoke-Free Public Spaces, Worksites, Schools, and Communities

The risks of tobacco use extend beyond the actual user. Exposure to SHS increases nonsmokers' risk for lung cancer and heart disease. Among children, SHS is also associated with serious respiratory problems, including asthma, pneumonia and bronchitis, sudden infant death syndrome, and low-birth weight. Protecting California workers and the public from the effects of SHS and helping large numbers of smokers to get the environmental support they need to quit smoking remains a high priority for California's TCP.

See the Communities of Excellence in Tobacco Control, Module 2 (2006), pages 31-36, for specific indicators within this priority area. The guide can be accessed at <http://www.dhs.ca.gov/tobacco/html/funding.htm#rfa07-101>, RFA TCS 07-101, Supplemental Materials.

3. Reduce Availability of Tobacco Products

Widespread availability of tobacco products reinforces a social norm that promotes tobacco use by youth and young adults. This priority seeks to reduce the sale and availability of tobacco to youth as well as decreasing the overall availability of tobacco products to adults. Efforts to reduce the sale and availability of tobacco products to youth have historically focused on improving compliance with state laws prohibiting the sale of tobacco to persons under age eighteen, and to adopting local tobacco licensing policies that collect retailer fees to conduct youth access law enforcement inspections.

See the Communities of Excellence in Tobacco Control, Module 2 (2006), pages 37-40, for specific indicators addressing this priority area. The guide can be accessed at

<http://www.dhs.ca.gov/tobacco/html/funding.htm#rfa07-101>,
RFA TCS 07-101, Supplemental Materials.

See Tobacco Laws Affecting California (2004) and its 2006 supplement by the Technical Assistance Legal Center (TALC) for an excellent overview of all laws governing tobacco in California. These documents can be accessed at <http://www.dhs.ca.gov/tobacco/html/funding.htm#rfa07-101>, RFA TCS 07-101, Supplemental Materials.

4. Promote Availability of Cessation Services

Smoking cessation is the desired outcome of all initiatives and activities of California's TCP that create new social norms around the use of tobacco. Since social norms have shifted from the acceptability of smoking, and cigarette prices have risen substantially, more smokers than ever are trying to quit. More than three out of every four California smokers say they would like to stop smoking.

Past experience demonstrates that the media campaign, coupled with the California's Smokers' Helpline and supported at the community level by cessation programs, successfully assist youth and adult smokers in quitting. Smoking cessation is a complex and often-extended process with several repeated quit attempts until success is achieved. As social norms shift away from its acceptability and more smokers become aware of health issues related to smoking, the level of motivation to quit across the entire population of smokers increases, and motivation by smokers to quit on their own increases. As such, cessation becomes the outcome rather than the intervention. However, there is a downside. Some smokers may switch to smokeless tobacco or "harm reduction" products to avoid the social negative stigma of being a smoker or to avoid exposing others to SHS. They may be misled into believing that such products may reduce risk of disease, when in reality, there are no safe tobacco products.

While recognizing that in California, the majority of former smokers report quitting without direct cessation services, CDHS/TCS will continue to fund some direct cessation. CDHS/TCS contractors are encouraged to publicize the availability of the California Smokers' Helpline, which offers counseling in

In addition to providing direct tobacco cessation services, CDHS/TCS contractors can also promote system changes that support population-based cessation services, such as introducing cessation in large managed health care plans, coordinating with low income clinics providing health care to indigent populations and university/college health centers that serve priority populations, providing physicians, nurses, dentists, and dental hygienists with training to establish systematized patient education and treatment programs in private offices and clinics, cooperating with the American Cancer Society to sponsor the local Great American Smokeout, etc.

See the Communities of Excellence in Tobacco Control, Module 2 (2006), page 40, for specific indicators for this priority area. The guide can be accessed at: <http://www.dhs.ca.gov/tobacco/html/funding.htm#rfa07-101>, RFA TCS 07-101, Supplemental Materials.

SO 100 (1/95)

SECRETARY OF STATE
P O BOX 94230, SACRAMENTO CA 94244-2300

INSTRUCTIONS FOR COMPLETING STATEMENT BY DOMESTIC NONPROFIT CORPORATION

FILING PERIOD: All Nonprofit Corporations must file within 90 days after filing articles of incorporation. Thereafter, corporations must file annually by the end of the calendar month of the anniversary date of its incorporation, and when the agent for service of process or his/her address is changed.

FILING FEE: All Nonprofit Corporations must submit a ten dollar (\$10.00) filing fee with this statement. (Section 12210(B) Government Code.) Check or money order should be made payable to Secretary of State.
PLEASE DO NOT SEND CASH.

ITEMS 2—2B: The address to be entered is the STREET address of the corporation's principal office. Enter room or suite number and ZIP code. Do not use post office box number.

ITEMS 3—3B: The address to be entered is the MAILING ADDRESS for the corporation.

ITEMS 4—6C: Complete by entering the names and complete business or residence addresses of the corporation's chief executive officer (i.e., president, chairperson or other title), secretary, and chief financial officer (i.e., treasurer, chairperson or other title). No list of additional officers should be submitted. Do not use post office numbers.

ITEM 7: Sections 6210 and 8210 of the Corporations Code make it mandatory that domestic Nonprofit Corporations designate an agent for service of process. An agent for service of process is one who may accept papers in case of a lawsuit against the corporation. The agent may be an individual who is an officer or director of the corporation, or any other person. The person named as agent must be a resident of California. Only one individual may be named as agent for service of process. Or, the agent may be another corporation. However, a corporation named as agent for service of process for another corporation must have on file in this office, a certificate pursuant to Section 1505, Corporations Code. The certificate is required ONLY if a corporation is named as agent for service of process for other corporations. A CORPORATION CANNOT BE NAMED AS AGENT FOR SERVICE OF PROCESS FOR ITSELF. (For example, ABC Corporation cannot name ABC Corporation as its agent for service of process.)

ITEM 8: If the agent is a person, enter name and complete business or residence address. If agent is another corporation, enter name of corporation only, and do not complete address portion. Only one agent for service of process is to be named.

ITEMS 9—10B: Section 1350, et seq., Civil Code mandates that a corporation formed on behalf of common interest development associations furnish specific additional information when filing a statement pursuant to Section 1502, California Corporations Code. If the corporation was not formed to manage a common interest development the box in Item 9 is to be marked and Items 10 - 10B are to remain blank. If the corporation was formed to manage a common interest development then the box in Item 10 is to be marked. Item 10A is to be completed with the address of the business or corporate office unless the office is off-site, then Item 10 is to be completed with the nine-digit ZIP code, front street, and nearest cross street for the physical location of the common interest development. Item 10B is to be completed with the name and address of the association's managing agent (Section 1363.1, Civil Code), if any.

ITEM 11: Printed name and signature of corporate officer or agent are required to complete the form. Enter title and date signed.

(NOTE) ITEM 1: Do not alter the preprinted corporate name. If corporation name is not correct, please attach note of explanation. If space is blank enter exact corporate name and number, do not include your DBA name.

FAILURE TO FILE THIS FORM BY THE DUE DATE IN ITEM 1 WILL RESULT IN THE ASSESSMENT OF A \$50.00 PENALTY. (Sections 6810, 8810, Corporations Code, and Section 25936, Revenue and Taxation Code.)

NOTE: Your canceled check is your receipt of filing. We suggest that you make a copy of this form before mailing, if you wish one for you files.

OSP 99 9176

None

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If we publish a notice in the Internal Revenue Bulletin stating that we will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Internal Revenue Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

Contributions to you are deductible by donors beginning January 22, 1997.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You are required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application, any supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$20 per day for each day there is a failure to comply (up to a maximum of \$10,000 in the case of an annual return).

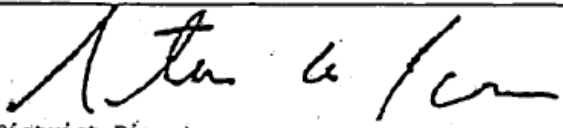
You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



District Director

Letter 1045 (DO/CG)

TOBACCO SUBSIDIARY PRODUCTS

Philip Morris / Altria

This list is not a comprehensive resource and should not be relied upon to be complete or correct since changes in corporate and product ownership commonly occurs.

BEVERAGES

Coffee

General Foods International Coffees
Gevalia
Maxim
Maxwell House
Sanka
Starbucks*
Yuban

Frozen Treats

Mr. Freeze
Kool-Aid Slushies

Powdered Soft Drinks

Country Time
Crystal Light
Kool-Aid
Tang

Ready-to-Drink

Capri Sun*
Country Time
Crystal Light
Kool-Aid Bursts
Tang
Total Balance

CONVENIENT MEALS

Bacon

Oscar Mayer
Louis Rich

Cold Cuts

Oscar Mayer
Louis Rich

Dinner Kits

Stove Top Oven Classics
Taco Bell*

Frozen Pizza

California Pizza Kitchen*
DiGiorno
Jack's
Tombstone

Hot Dogs

Oscar Mayer

Lunch Combinations

Lunchables

Macaroni & Cheese Dinner

Kraft
Kraft Easy Mac
Velveeta

Meat Alternatives

Boca

Meat Snacks

Tombstone

Pastas and Sauces

DiGiorno

CHEESE

Cold Pack Cheese

Woody's

Cottage Cheese

Breakstone's
Knudsen
Light n' Lively

Cream Cheese

Philadelphia
Temp-tee

Grated Cheese

Kraft

Natural Cheese

Athenos
Churny
Cracker Barrel
DiGiorno
Handi-Snacks

TOBACCO SUBSIDIARY PRODUCTS

Philip Morris / Altria

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Harvest Moon	Nabisco
Hoffman's	Dips
Kraft	Kraft
Polly-O	Dog Biscuits
Process Cheese Loaves	Milk-Bone
Kraft Deluxe	Dry Packaged Desserts
Old English	Dream Whip
Velveeta	D-Zerta
Process Cheese Sauce	Jell-O
Cheez Whiz	Minute
Process Cheese Slices	Energy Bars
Kraft Deli Deluxe	Balance
Kraft Free Singles	Oasis Bars
Kraft Singles	Fruit Preservatives
Kraft 2% Milk Singles	Ever Fresh
Velveeta	Frozen Whipped Topping
Process Cheese Spread	Cool Whip
Easy Cheese	Ice Cream Topping
GROCERY	Kraft
Baking Chocolate/Coconut	Margarine
Baker's	Parkay (Puerto Rico only)
Baking Powder	Pasta Salads
Calumet	Kraft
Barbecue Sauce	Pectins
Bull's-Eye	Certo
Kraft	Sure-Jell
Breakfast Beverage	
Postum	
Coating Mix	
Shake 'n Bake	
Oven Fry	
Condiments	
Grey Poupon	
Kraft	
Sauceworks	
Cooked Cereal	
Cream of Wheat	
Cereal Bars	

TOBACCO SUBSIDIARY PRODUCTS

Philip Morris / Altria

This list is not a comprehensive resource and should not be relied upon to be complete or correct since changes in corporate and product ownership commonly occurs.

Pickles/Sauerkraut

Claussen

Pie Crusts

Honey Maid

Nilla

Oreo

Ready-to-Eat Cereals

Post

Alpha-Bits

Banana Nut Crunch

Blueberry Morning

Cinna-Cluster Raisin Bran

Cranberry Almond Crunch

Frosted Shredded Wheat

Fruit & Fiber

Golden Crisp

Grape-Nuts

Great Grains

Honey Bunches of Oats

Honeycomb

Nabisco (Puerto Rico only)

Natural Bran Flakes

Oreo O's

Pebbles*

Raisin Bran

Shredded Wheat

Shredded Wheat 'n Bran

Spoon Size Shredded Wheat

Toasties

Waffle Crisp

100% Bran

Rice

Minute Rice

Salad Dressings

Good Seasons

Kraft

Seven Seas

Sour Cream

Breakstone's

Knudsen

Spoonable Dressing

Kraft Mayo

Miracle Whip

Steak Sauce, Marinade, Worcestershire

A. 1.

Stuffing Mix

Stove Top

Toaster Pastries

Kool Stuf

Yogurt

Breyers*

Jell-O

Light n' Lively

Snacks

Cookies

Barnum's Animals

Biscos

Café Creme

Cameo

Chips Ahoy!

Crispin (Puerto Rico only)

Dad's

Danish (Puerto Rico only)

Famous Chocolate Wafers

Family Favorites

Old Fashioned

Ginger Snaps

Hony Bran (Puerto Rico only)

Konitos (Puerto Rico only)

Lorna Doone

Mallomars

Marshmallow Twirls

Nabisco (Puerto Rico only)

National Arrowroot

Newtons

Nilla

Nutter Butter

Oreo

Peak Freans

Pecan Passion

Pecanz

Pinwheels

SnackWell's

Social Tea

Stella D'oro

Sweetie Pie (Puerto Rico only)

Teddy Grahams

Wild Thornberry's

TOBACCO SUBSIDIARY PRODUCTS

Philip Morris / Altria

This list is not a comprehensive resource and should not be relied upon to be complete or correct since changes in corporate and product ownership commonly occurs.

*Crackers

Air Crisps
Better Cheddars
Cheese Nips
Club Social (Puerto Rico only)
Crown Pilot
Doo Dad
Flavor Crisps
Harvest Crisps
Honey Maid
Nabisco Grahams
Nabs
Premium
Ritz
Royal Lunch
SnackWell's
Stoned Wheat Thins
Sportz (Puerto Rico only)
Sultana (Puerto Rico only)
Triscuit
Uneeda
Wheatsworth
Wheat Thins
Zwieback

Ice Cream Cones

Comet Cups

Packaged Food Combinations

Handi-Snacks
Lunchables

Refrigerated Ready-to-Eat Desserts

Jell-O
Handi-Snacks

Snack Nuts

Corn Nuts
PB Crisps
Planters

Sugar Confectionery

Altoids
Callard & Bowser
CremeSavers
Jet-Puffed
Kraft Caramels
Life Savers
Milka L'il Scoops
Nabisco Fun Fruits
Terry's
Tobler
Toblerone
Trolli

Miller Brands**

Miller Beer
Miller Genuine Draft
Miller High Life
Sharp's non-alcohol brew
Milwaukee's Best
Meister Brau
Magnum Malt Liquor
Henry Weinhard's
Hamm's
Olde English 800 Malt Liquor
Mickey's Malt Liquor
Red Dog
ICEHOUSE
Southpaw
Leinenkugel
Celis
Pale Rider
Shipyard Export Ale
Goat Island Ale
Fuggles Pale Ale
Old Thumper Extra Special Ale
Blue Fin Stout
Longfellow Ale
Mystic Seaport Pale Ale
Chamberlain Pale Ale
Sirius
Prelude Ale
Molson
Foster's Lager
Sheaf Stout
Presidente
Shanghai

*Kraft is the distributor for these brands:

-Breyers is a registered trademark owned and licensed by Unilever, N.V.
-Capri Sun is a registered trademark of Rudolf Wild GmbH & Co. KG, used under license.
-California Pizza Kitchen is a trademark owned and licensed by California Pizza Kitchen, Inc.
-Jenny Craig is a registered trademark of Jenny Craig, Inc., used under license.
-Pebbles is a registered trademark of Hanna-Barbera Productions, Inc. Licensed by Hanna-Barbera Productions, Inc.
-Starbucks is a registered trademark of Starbucks U.S. Brands Corporation.
-Nickelodeon and all related titles, characters and logos are trademarks owned and licensed by Viacom International Inc. All rights reserved.
-Taco Bell is a registered trademark owned and licensed by Taco Bell Corp.

**Altria Group, Inc. holds a 36% economic interest in SABMiller plc as a result of the 2002 Miller Brewing Company merger into South African Breweries plc, which formed SABMiller plc, the world's second-largest brewer.

TOBACCO SUBSIDIARY PRODUCTS
United States Smokeless Tobacco Company

This list is not a comprehensive resource and should not be relied upon to be complete or correct since changes in corporate and product ownership commonly occurs

Wines

Chateau Ste. Michelle
Columbia Crest
Domaine Ste. Michelle
Villa Mt. Eden
Conn Creek
Northstar
Snoqualmie

INTELLECTUAL PROPERTY RIGHTS

The following is the intellectual property rights language in the CDHS/TCS grant:

- a. Contractor shall grant to CDHS/TCS, as permitted in California Civil Code, Section 982, ownership in any original work of authorship created, provided, or produced under this agreement that is not fixed in any tangible medium of expression.
- b. Subject to terms, conditions, and limitations contained in this agreement and subject to the performance of all terms and conditions stated in this agreement, CDHS/TCS grants to the Contractor a non-exclusive license to use, duplicate, distribute, and permit others to use Works created, produced or developed under this agreement for the purpose of carrying out the terms and conditions of this agreement, consistent with any limitations set forth in this agreement.
- c. If the Contractor enters into any agreement or subcontract with another party in order to perform this agreement, Contractor shall require the other party to grant CDHS/TCS ownership in any original work or authorship created, provided, or produced by the subcontractor, Contractor or CDHS/TCS under this agreement that is not fixed in any tangible medium of expression, as permitted under California Civil Code Section 982.
- d. During the contracting phase of this process, CDHS/TCS shall negotiate with the Contractor to determine the number of camera-ready and completed versions of each deliverable CDHS/TCS will receive. It is anticipated that CDHS/TCS will use deliverables in future tobacco control programs.
- e. **Ownership**
 - (1) Except where CDHS/TCS has agreed in a signed writing to accept a license, CDHS/TCS shall be and remain, without additional compensation, the sole owner of any and all rights, title and interest in all Intellectual Property from the moment of creation, whether or not jointly conceived, that are made, conceived, derived from, or reduced to practice by Contractor or CDHS/TCS and which result directly or indirectly from this agreement.
 - (2) For the purposes of this agreement, Intellectual Property means recognized protectable rights and interest such as: patents, (whether or not issued) copyrights, trademarks, service marks, applications for any of the foregoing, inventions, trade secrets, trade dress, logos, insignia, color combinations, slogans, moral rights, right of publicity, author's rights, contract and licensing rights, works, mask works, industrial design rights, rights of priority, know how, design flows, methodologies, devices, business processes, developments, innovations, good will and all other legal rights protecting intangible proprietary information as may exist now and/or here after come into existence, and all renewals and extensions, regardless of whether those rights arise under the laws of United States, or any other state, country, or jurisdiction

- (a) For the purposes of the definition of Intellectual Property, “works” means all literary works, writings and printed matter including the medium by which they are recorded or reproduced, photographs, art work, pictorial and graphic representations and works of a similar nature, motion pictures, digital images, animation cells, and other audiovisual works including positives and negatives thereof, sound recordings, tapes, educational materials, interactive videos and any other materials or products created, produced, conceptualized and fixed in a tangible medium of expression. It includes preliminary and final products and any materials and information developed for the purposes of producing those final products. Works does not include articles submitted to peer review or reference journals or independent research projects.
- (3) In the performance of this agreement, Contractor will exercise and utilize certain of its Intellectual Property in existence prior to the effective date of this agreement. In addition, under this agreement, Contractor may access and utilize certain of CDHS/TCS’ Intellectual Property in existence prior to the effective date of this agreement. Except as otherwise set forth herein, Contractor shall not use any of CDHS/TCS’ Intellectual Property now existing or hereafter existing for any purposes without the prior written permission of CDHS/TCS. **Except as otherwise set forth herein, neither the Contractor nor CDHS/TCS shall give any ownership interest in or rights to its Intellectual Property to the other Party.** If during the term of this agreement, Contractor accesses any third-party Intellectual Property that is licensed to CDHS/TCS, Contractor agrees to abide by all license and confidentiality restrictions applicable to CDHS/TCS in the third-party’s license agreement.
- (4) Contractor agrees to cooperate with CDHS/TCS in establishing or maintaining CDHS/TCS’ exclusive rights in the Intellectual Property, and in assuring CDHS/TCS’ sole rights against third parties with respect to the Intellectual Property. If the Contractor enters into any agreements or subcontracts with other parties in order to perform this agreement, Contractor shall require the terms of the agreement(s) to include all Intellectual Property provisions. Such terms must include, but are not limited to, the subcontractor assigning and agreeing to assign to CDHS/TCS all rights, title and interest in Intellectual Property made, conceived, derived from, or reduced to practice by the subcontractor, Contractor or CDHS/TCS and which result directly or indirectly from this agreement or any subcontract.
- (5) Contractor further agrees to assist and cooperate with CDHS/TCS in all reasonable respects, and execute all documents and, subject to reasonable availability, give testimony and take all further acts reasonably necessary to acquire, transfer, maintain, and enforce CDHS/TCS’ Intellectual Property rights and interests.

f. Retained Rights/License Rights

- (1) Except for Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or CDHS/TCS and which result directly or indirectly from this agreement, Contractor shall retain title to all of its Intellectual Property to the extent such Intellectual Property is in existence prior to the effective date of this agreement. Contractor hereby grants to CDHS/TCS without additional compensation, a permanent, non-exclusive, royalty free, paid-up, worldwide, irrevocable, perpetual, non-terminable license to use, reproduce, manufacture, sell, offer to sell, import, export, modify, publicly and privately display/perform, distribute, and dispose Contractor’s Intellectual Property with the right to

sublicense through multiple layers, for any purpose whatsoever, to the extent it is incorporated in the Intellectual Property resulting from this agreement, unless Contractor assigns all rights, title, and interest in the Intellectual Property as set forth herein.

- (2) Nothing in this provision shall restrict, limit, or otherwise prevent Contractor from using any ideas, concepts, know-how, methodology or techniques related to its performance under this agreement, provided that Contractor's use does not infringe the patent, copyright, trademark rights, license or other Intellectual Property rights of CDHS/TCS or third party, or result in a breach or default of any provisions of this Exhibit or result in a breach of any provisions of law relating to confidentiality.

g. Copyright

- (1) Contractor agrees that for purposes of copyright law, all works (as defined in Section a, subparagraph (2)(a) of this provision) of authorship made by or on behalf of Contractor in connection with Contractor's performance of this agreement shall be deemed "works made for hire." Contractor further agrees that the work of each person utilized by Contractor in connection with the performance of this agreement will be a "work made for hire," whether that person is an employee of Contractor or that person has entered into an agreement with any such person that: (i) all work performed for Contractor shall be deemed a "work made for hire" under the Copyright Act and (ii) that person shall assign all right, title, and interest to CDHS to any work product made, conceived, derived from, or reduced to practice by Contractor or CDHS/TCS and which result directly or indirectly from this agreement.
- (2) All materials, including, but not limited to, visual works or text, reproduced or distributed pursuant to this agreement that include Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or CDHS/TCS and which result directly or indirectly from this agreement, shall include CDHS/TCS' notice of copyright, which shall read in 3mm or larger typeface: "© 2001, State of California, Department of Health Services. This material may not be reproduced or disseminated without prior written permission from the Department of Health Services." This notice should be placed prominently on the materials and set apart from other matter on the page where it appears. Audio productions shall contain a similar audio notice of copyright.

h. Patent Rights

With respect to inventions made by Contractor in the performance of this agreement, which did not result from research and development specifically included in the agreement's scope of work, Contractor hereby grants to CDHS/TCS a license as described under Section b of this provision for devices or material incorporating, or made through the use of such inventions. If such inventions result from research and development work specifically included within the agreement's scope of work, then Contractor agrees to assign to CDHS/TCS, without additional compensation, all its right, title and interest in and to such inventions and to assist CDHS/TCS in securing United States and foreign patents with respect thereto.

i. Third-Party Intellectual Property

Except as provided herein, Contractor agrees that its performance of this agreement shall not be dependent upon or include any Intellectual Property of Contractor or third party without first: (i) obtaining CDHS/TCS' prior written approval; and (ii) granting to or obtaining for CDHS/TCS, without additional compensation, a license, as described in Section b of this provision, for any of Contractor's or third-party's Intellectual Property in existence prior to the effective date of this agreement. If such a license upon these terms is unattainable, and DHS determines that the Intellectual Property should be included in or is required for Contractor's performance of this agreement, Contractor shall obtain a license under terms acceptable to CDHS/TCS.

j. Warranties

(1) Contractor represents and warrants that:

- (a) It is free to enter into and fully perform this agreement;
- (b) It has secured or will secure all rights and licenses necessary for its performance of this agreement.
- (c) Neither Contractor's performance of this agreement, nor the exercise by either Party of the rights granted in this agreement, nor any use, reproduction, manufacture, sale, offer to sell, import, export, modification, public and private display/performance, distribution, and disposition of the Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or CDHS/TCS and which result directly or indirectly from this agreement will infringe upon or violate Any Intellectual Property right, non-disclosure obligation, or other proprietary right or interest of any third-party or entity now existing under the laws of, or hereafter existing or issued by, any state, the United States, or any foreign country. There is currently no actual or threatened claim by any such third party based on an alleged violation of any such right by Contractor.
- (d) Neither Contractor's performance nor any part of its performance will violate the right of privacy of, or constitute a libel or slander against any person or entity.
- (e) It has secured and will secure all rights and licenses necessary for Intellectual Property including, but not limited to, consents, waivers or releases from all authors of music or performances used, and talent (radio, television and motion picture talent), owners of any interest in and to real estate, sites, locations, property or props that may be used or shown.
- (f) It has not granted and shall not grant to any person or entity any right that would or might derogate, encumber, or interfere with any of the rights granted to CDHS/TCS in this agreement.
- (g) It has appropriate systems and controls in place to ensure that state funds will not be used in the performance of this agreement for the acquisition, operation or maintenance of computer software in violation of copyright laws.
- (h) It has not knowledge of any outstanding claims, licenses or other charges, liens, or encumbrances of any kind or nature whatsoever that could affect in any way Contractor's performance of this agreement.

- (2) CDHS/TCS MAKES NO WARRANTY THAT THE INTELLECTUAL PROPERTY RESULTING FROM THIS AGREEMENT DOES NOT INFRINGE UPON ANY PATENT, TRADEMARK, COPYRIGHT OR THE LIKE, NOW EXISTING OR SUBSEQUENTLY ISSUED.

k. Intellectual Property Indemnity

- (1) Contractor shall indemnify, defend and hold harmless CDHS/TCS and its licensees and assignees, and its officers, directors, employees, agents, representatives, successors, and users of its products. ("Indemnitees") from and against all claims, actions, damages, losses, liabilities (or actions or proceedings with respect to any thereof), whether or not rightful, arising from any and all actions or claims by any third party or expenses related thereto (including, but not limited to, all legal expenses, court costs, and attorney's fees incurred in investigating, preparing, serving as a witness in, or defending against, any such claim, action, or proceeding, commenced or threatened) to which any of the Indemnitees may be subject, whether or not Contractor is a party to any pending or threatened litigation, which arise out of or are related to (i) the incorrectness or breach of any of the representations, warranties, covenants or agreements of Contractor pertaining to Intellectual Property; or (ii) any Intellectual Property, infringement, or any other type of actual or alleged infringement claim, arising out of CDHS/TCS' use, reproduction, manufacture, sale, offer to sell, distribution, import, export, modification, public and private performance/display, license, and disposition of the Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or CDHS/TCS and which result directly or indirectly from this agreement. This indemnity obligation shall apply irrespective of whether the infringement claim is based on a patent, trademark, or copyright registration that issued after the effective date of this agreement. CDHS/TCS reserves the right to participate in and/or control, at Contractor's expense, any such infringement action brought against CDHS/TCS.
- (2) Should any Intellectual Property licensed by the Contractor to CDHS/TCS under this agreement become the subject of an Intellectual Property infringement claim, Contractor will exercise its authority reasonably and in good faith to preserve CDHS/TCS' right to use the licensed Intellectual Property in accordance with this agreement at no expense to CDHS/TCS. CDHS/TCS shall have the right to monitor and appear through its own counsel (at Contractor's expense) in any such claim or action. In the defense or settlement of the claim, Contractor may obtain the right for CDHS/TCS to continue using the licensed Intellectual Property; or, replace or modify the licensed Intellectual Property so that the replaced or modified Intellectual Property becomes non-infringing provided that such replacement or modification is functionally equivalent to the original licensed Intellectual Property. If such remedies are not reasonably available, CDHS/TCS shall be entitled to a refund of all monies paid under this agreement without restriction or limitation of any other rights and remedies available at law or in equity.
- (3) Contractor agrees that damages alone would be inadequate to compensate CDHS/TCS for breach of any term of this Intellectual Property Exhibit by Contractor. Contractor acknowledges CDHS/TCS would suffer irreparable harm in the event of such breach and agrees CDHS/TCS shall be entitled to obtain equitable relief, including without limitation an injunction, from a court of competent jurisdiction, without restriction or limitation of any other rights and remedies available at law or in equity.

I. Federal Funding

In any agreement funded in whole or in part by the federal government, CDHS/TCS may acquire and maintain the Intellectual Property rights, title, and ownership, which results directly or indirectly from the agreement; except as provided in 37 Code of Federal Regulations part 401.14; however, the federal government shall have a non-exclusive, nontransferable, irrevocable, paid-up license throughout the world to use, duplicate, or dispose of such Intellectual Property throughout the world in any manner for governmental purposes and to have and permit others to do so.

m. Survival

The provisions set forth herein shall survive any termination or expiration of this agreement or any project schedule.

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COMPARABLE STATE CIVIL SERVICE CLASSIFICATIONS

State Classification Title	Comparable Title	Comparable Monthly Salary
Health Education Consultant III (Specialist)	Project Director	\$4,769-\$5,961
Health Education Consultant II	Senior Health Educator or Assistant Project Director	\$4,341-\$5,427
Health Education Consultant I	Health Educator or Health Education Assistant	\$3,219-\$4,498
Administrative Assistant I	Program Coordinator/Assistant	\$3,538-\$4,499
Office Services Supervisor II	Office Manager	\$2,856-\$3,472
Management Services Technician	Community Health Worker	\$2,413-\$3,313
Research Scientist II	Evaluation Consultant	\$5,134-\$6,193
Research Scientist I	Evaluation Consultant	\$4,674-\$5,639
Associate Governmental Program Analyst	Research Analyst II	\$4,255-\$5,172
Staff Services Analyst	Research Analyst I	\$2,724-\$4,300
Legal Counsel	Attorney	\$4,674-\$5,137
Graduate Legal Assistant	Graduate Legal Assistant	\$3,702-\$4,064
Senior Legal Analyst	Paralegal	\$4,467-\$5,431
Legal Analyst	Paralegal	\$3,715-\$4,516
Legal Assistant	Paralegal	\$3,275-\$3,981

Travel Reimbursement Information

Mileage Reimbursement Rate Increase Effective January 1, 2007

1. The following rate policy is to be applied for reimbursing the travel expenses of persons under contract. The terms "contract" and/or "subcontractor" have the same meaning as "grantee" and/or "subgrantee" where applicable.
 - a. Reimbursement for travel and/or per diem shall be at the rates established for nonrepresented/excluded state employees. Exceptions to Department of Personnel Administration (DPA) lodging rates may be approved by TCS upon the receipt of a statement on/with an invoice indicating that such rates are not available.
 - b. Short Term Travel is defined as a 24-hour period, and less than 31 consecutive days, and is at least 50 miles from the main office, headquarters or primary residence. Starting time is whenever a contract or subcontract employee leaves his or her home or headquarters. "Headquarters" is defined as the place where the contracted personnel spends the largest portion of their working time and returns to upon the completion of special assignments. Headquarters may be individually established for each traveler and approved verbally by the program funding the agreement. Verbal approval shall be followed up in writing or email.
 - c. Contractors on travel status for more than one 24-hour period and less than 31 consecutive days may claim a fractional part of a period of more than 24 hours. Consult the chart appearing on page 2 of this exhibit to determine the reimbursement allowance. All lodging must be receipted. If contractor does not present receipts, lodging will not be reimbursed.

(1) Lodging (with receipts):

Travel Location / Area	Reimbursement Rate
Statewide Non-High Cost Area (excluding the counties identified below)	\$ 84.00 plus tax
Counties of Los Angeles and San Diego	\$110.00 plus tax
Counties of Alameda, San Francisco, San Mateo, and Santa Clara	\$140 plus tax

Reimbursement for actual lodging expenses exceeding the above amounts may be allowed with the advance written approval of the Deputy Director of the Department of Health Services or his or her designee. Receipts are required. Receipts from Internet lodging reservation services such as Priceline.com, which require prepayment to that service, ARE NOT ACCEPTABLE LODGING RECEIPTS and are not reimbursable without a valid lodging receipt from a lodging establishment.

- (2) Meal/Supplemental Expenses (with or without receipts): With receipts, the contractor will be reimbursed actual amounts spent up to the maximum.

Meal / Expense	Reimbursement Rate
Breakfast	\$ 6.00
Lunch	\$ 10.00
Dinner	\$ 18.00
Incidental	\$ 6.00

- d. Out-of-state travel may only be reimbursed if such travel is necessitated by the scope or statement of work and has been approved in advance by the program with which the contract is held. For out-of-state travel, contractors may be reimbursed actual lodging expenses, supported by a receipt, and may be reimbursed for meals and supplemental expenses for each 24-hour period computed at the rates listed in c. (2) above. For all out-of-state travel, contractors/subcontractors must have prior TCS written or verbal approval. Verbal approval shall be confirmed in writing (email or memo).
- e. In computing allowances for continuous periods of travel of less than 24 hours, consult the chart appearing on page 2 of this exhibit.

Travel Reimbursement Information (continued)

- f. No meal or lodging expenses will be reimbursed for any period of travel that occurs within normal working hours, unless expenses are incurred at least 50 miles from headquarters.
2. If any of the reimbursement rates stated herein are changed by DPA formal contract amendment will be required to incorporate the new rates. However, TCS shall inform the contractor, in writing, of the revised travel reimbursement rates.
3. For transportation expenses, the contractor must retain receipts for parking; taxi, airline, bus, or rail tickets; car rental; or any other travel receipts pertaining to each trip for attachment to an invoice as substantiation for reimbursement. Reimbursement may be requested for commercial carrier fares; private car mileage; parking fees; bridge tolls; taxi, bus, or streetcar fares; and auto rental fees when substantiated by a receipt.
4. **Note on use of autos:** If a contractor uses his or her car for transportation, the rate of pay will be **48.5 cents** maximum per mile. If a contractor uses his or her car "in lieu of" air fair, the air coach fair will be the maximum paid by the State. The contractor must provide a cost comparison upon request by the state. Gasoline and routine automobile repair expenses are not reimbursable.
5. The contractor is required to furnish details surrounding each period of travel. Travel expense reimbursement detail may include, but not be limited to: purpose of travel, departure and return times, destination points, miles driven, mode of transportation, etc. Reimbursement for travel expenses may be withheld pending receipt of adequate travel documentation.
6. Contractors are to consult with the program with which the contract is held to obtain specific invoicing procedures.

Travel Reimbursement Guide

Length of travel period	This condition exists...	Allowable Meal(s)
Less than 24 hours	Travel begins at 6:00 a.m. or earlier and continues until 9:00 a.m. or later.	Breakfast
Less than 24 hours	<ul style="list-style-type: none"> Travel period ends at least one hour after the regularly scheduled workday ends, or Travel period begins prior to or at 5:00 p.m. and continues beyond 7:00 p.m. 	Dinner
24 hours	Travel period is a full 24-hour period determined by the time that the travel period begins and ends.	Breakfast, lunch, and dinner
Last fractional part of more than 24 hours	Travel period is more than 24 hours and traveler returns at or after 8:00 a.m.	Breakfast
	Travel period is more than 24 hours and traveler returns at or after 2:00 p.m.	Lunch
	Travel period is more than 24 hours and traveler returns at or after 7:00 p.m.	Dinner

7. At TCS' discretion, changes or revisions made by TCS to this illustration, excluding travel policy established by DPA may be applied retroactively to any agreement to which a Travel Reimbursement Information illustrations is attached, incorporated by reference, or applied by TCS program policy.

CONTRACT UNIFORMITY

(Applicable only to non-profit organizations)

Pursuant to the provisions of Article 7 (commencing with Section 100525) of Chapter 3 of Part 1 of Division 101 of the Health and Safety Code, the Department of Health Services sets forth the following policies, procedures, and guidelines regarding fringe benefits.

1. As used herein fringe benefits shall mean an employment benefit given by one's employer to an employee in addition to one's regular or normal wages or salary.
2. As used herein, fringe benefits do not include:
 - a. Compensation for personal services paid currently or accrued by the Contractor for services of employees rendered during the term of this agreement, which is identified as regular or normal salaries and wages, annual leave, vacation, sick leave, holidays, jury duty, and/or military leave/training.
 - b. Director's and executive committee member's fees
 - c. Incentive awards and/or bonus incentive pay
 - d. Allowance for off-site pay
 - e. Location allowances
 - f. Hardship pay
 - g. Cost-of-living differentials
3. Specific allowable fringe benefits include:
 - a. Fringe benefits in the form of employer contributions for the employer's portion of payroll taxes (i.e., FICA, SUI, SDI), employee health plans (i.e., health, dental, and vision), unemployment insurance, workers compensation insurance and the employers share of pension/retirement plans provided they are granted in accordance with established written organization policies and meet all legal and Internal Revenue Service requirements.
4. To be an allowable fringe benefit, the cost must meet the following criteria:
 - a. Be necessary and reasonable for the performance of the agreement.
 - b. Be determined in accordance with generally accepted accounting principles.
 - c. Be consistent with policies that apply uniformly to all activities of the Contractor.
5. Contractor agrees that all fringe benefits shall be at actual cost.
6. Earned/accrued Compensation.
 - a. Compensation for vacation, sick leave, and holidays is limited to that amount earned/accrued within the agreement term. Unused vacation, sick leave, and holidays earned from periods prior to the agreement term cannot be claimed as allowable costs (See example on page 2)
 - b. For multiple year contracts, vacation and sick leave compensation, which is earned/accrued but not paid, due to employee(s) not taking time off may be carried over and claimed within the overall term of the multiple years of the agreement. Holidays cannot be carried over from one contract year to the next. (See example on page 2).
 - c. For single year agreements, vacation, sick leave, and holiday compensation which is earned/accrued but not paid, due to employee(s) not taking time off within the agreement term, cannot be claimed as an allowable cost (See example on page 2).

Contract Uniformity
Earned/Accrued Compensation Examples

Example No. 1:

If an employee, John Doe, earns/accrues three weeks of vacation and twelve days of sick leave each year, then that is the maximum amount that may be claimed during a contract period of one year. If John Doe has five weeks of vacation and eighteen days of sick leave at the beginning of the agreement, the Contractor during a one-year agreement term may only claim up to three weeks of vacation and twelve days of sick leave actually used by the employee. Amounts earned/accrued in periods prior to the beginning of the agreement are not an allowable cost.

Example No. 2:

If during a three-year (multiple year) agreement John Doe does not use his three weeks of vacation in year one, or his three weeks in year two, but he does actually use nine weeks in year three; the Contractor would be allowed to claim all nine weeks paid for in year three. The total compensation over the three-year period cannot exceed 156 weeks (3 x 52 weeks).

Example No. 3:

If during a single year agreement, John Doe, works fifty weeks and uses one week of vacation and one week of sick leave and all fifty-two weeks have been billed to CDHS/TCS, the remaining unused two weeks of vacation and seven days of sick leave may not be claimed as an allowable cost.

Midwest Academy Strategy Chart

APPENDIX I

Goals	Organizational Considerations	Constituents, Allies, and Opponents	Targets	Tactics

RFA Avaya Information Meeting and On-line Application Training

Hardware/Software Requirements

- Browser:
 - Windows 98 (or later) with Microsoft Internet Explorer 5, 5.5, or 6
 - Windows 98 (or later) with Netscape Navigator 6.2 or 7
 - Mac OS X 10.1 (or later) with Microsoft Internet Explorer 5.2
- Javascript must be enabled to use Avaya Web Conferencing.
- Connection Speed: Avaya Web Conferencing optimizes your experience based on the speed of your connection to the server. If the configuration tester reports that your screen may update slowly it is because you have a low speed connection. The reason is most likely that you are using a modem or another low bandwidth connection device.
- Java: The version of Java required depends on the Web browser you are using.
 - Microsoft Internet Explorer 5 and 5.5 - the built-in Microsoft JVM
 - Microsoft Internet Explorer 6 - either the built-in Microsoft JVM or the Sun JRE v1.4.2
 - Netscape Navigator 6.2 - the Sun JRE v1.4.2
 - Netscape Navigator 7 - the Sun JRE it ships with, or the Sun JRE v1.4.2
 - Microsoft Internet Explorer 5.2 on Mac OS X - the built-in Mac Runtime for Java v1.3
- Pop-up Blockers: Pop-up blockers, such as the Windows Pop-up Blocker or the Google Toolbar prevent web pages from opening new windows. Avaya Web Conferencing needs to open new windows in order to enter a web conference. This will fail if your web browser has an active Pop-up blocker. To fix this problem, the Pop-up blocker needs to be configured to allow Pop-up windows from <https://conference.dhs.ca.gov>. Please refer to your Pop-up blocker help pages for further information on how to do this.

Avaya Login Instructions

- Step 1: Conference Reference and Security Code will be made available after you register using the online registration form. Please register at <http://www.surveymonkey.com/s.asp?u=281793521977> by April 6, 2007.
- Step 2: Getting to the Conference
Go to: <https://conference.dhs.ca.gov/>
- Step 3: Logging into the Conference
You will see the Avaya Web Conferencing Web Page. Here you will make sure you have correct configuration and enter your login information.

- ❶ Computer Configuration checklist - Make sure all except “Checking Video” have a checkmark (✓).
- ❷ Join Conference - Enter your name, Conference Reference, and the Security Code that was given to you by the host of the conference. Click “Join Conference.”

Troubleshooting Tip:

If you cannot see the entire web page, you may need to press “Tab” on your keyboard to move between the Name, Conference Reference, and Security Code boxes.



Step 4: Click yes to the DHS Security Certificate.

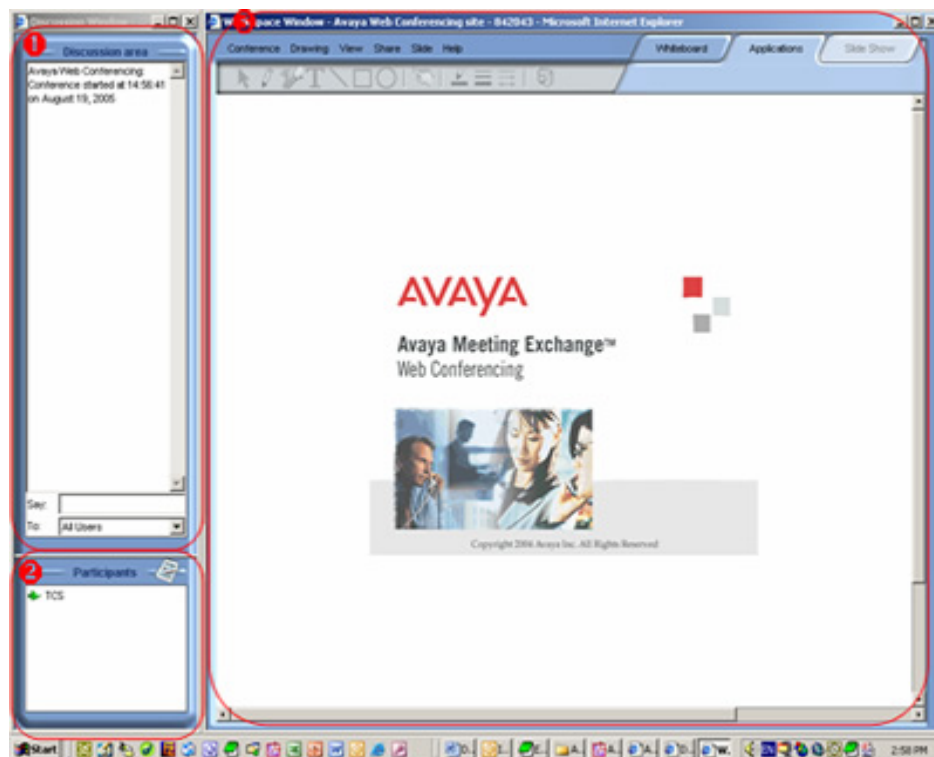


Step 5: The Meeting Screen

- ❶ Discussions - Online Chat for the conference
- ❷ Participants - List of Participants
- ❸ Workspace - Here you will see the presentation, pictures, or shared application.

Troubleshooting Tip:

If you see a yellow bar underneath the address bar, you have pop-up blocking enabled. Please refer to the section below titled "Disable Pop-up Blocking (in IE 6 SP2) to Login to Avaya."



Troubleshooting

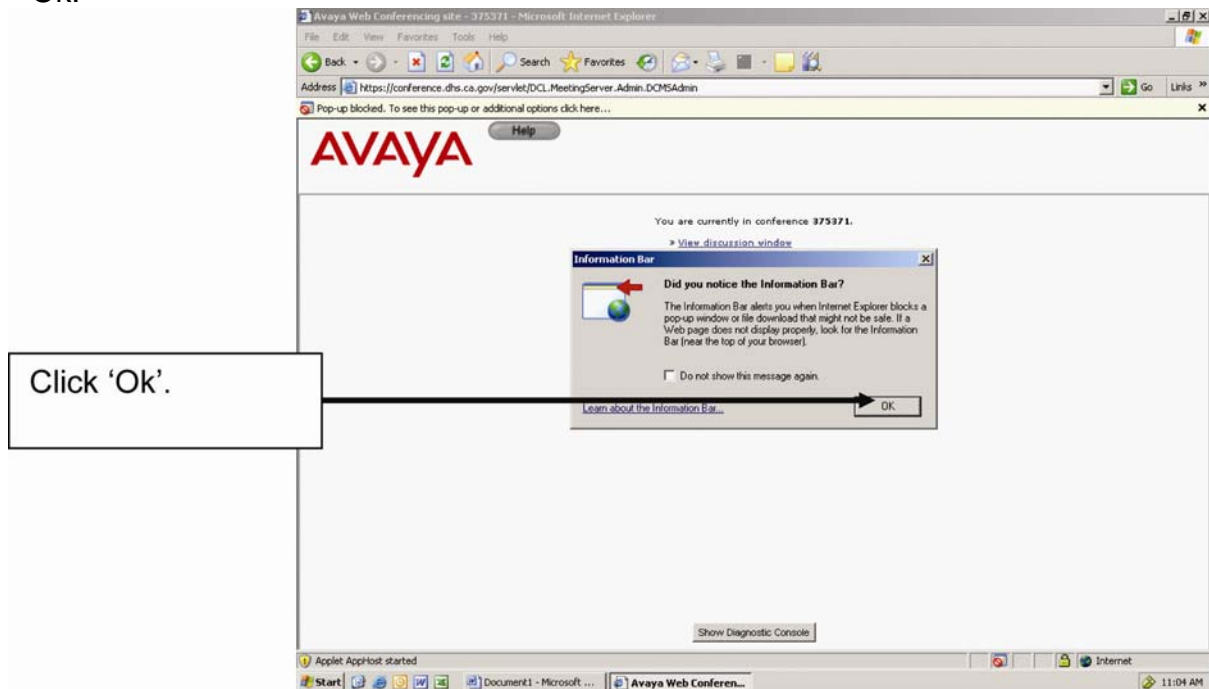
1. Make sure you have the pop-up blocking disabled.
2. Make sure you have the latest Sun Java Run Time Environment Installed.
3. If you still are having trouble accessing the web conference after you disabled pop-up blocking and installed the latest version of the Java Runtime Environment, call (916) 449-5500.

To Manually Override Pop-up Blocker Using the Ctrl Key

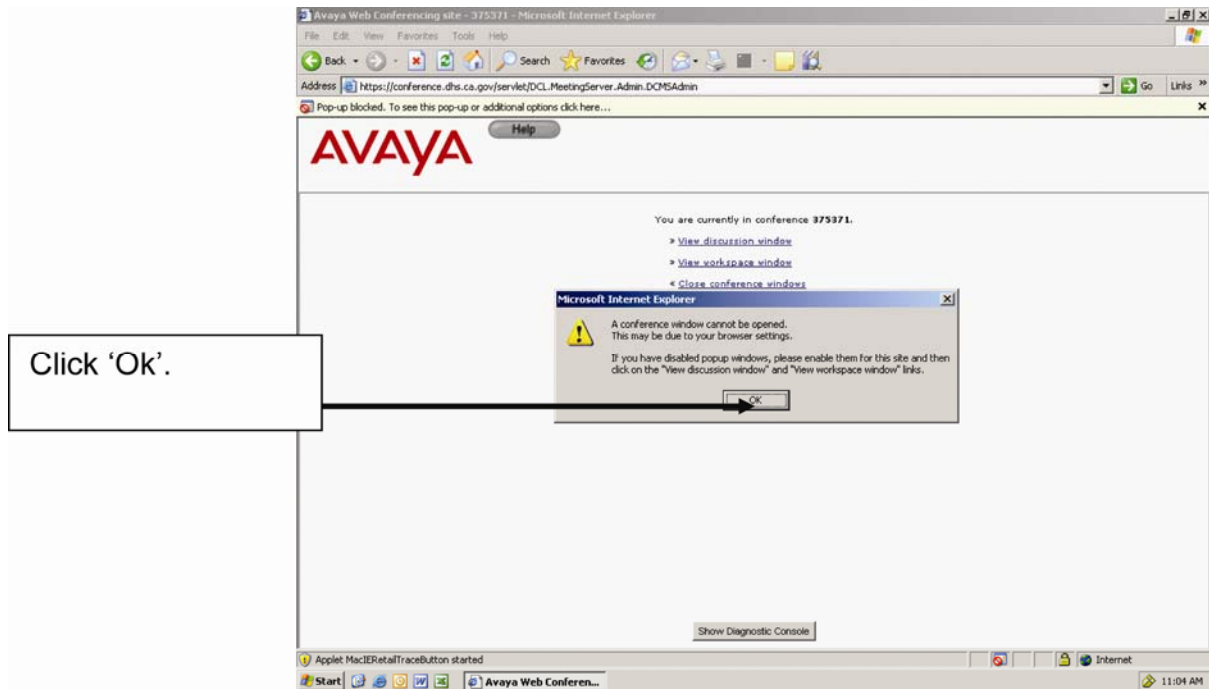
1. On the “Avaya Web Conferencing Site” window, press the Ctrl key on your keyboard and click “View discussion window.”
2. Press the Ctrl key and click “View workspace window.”

Disable Pop-up Blocking (in IE 6 SP2) to Login to Avaya

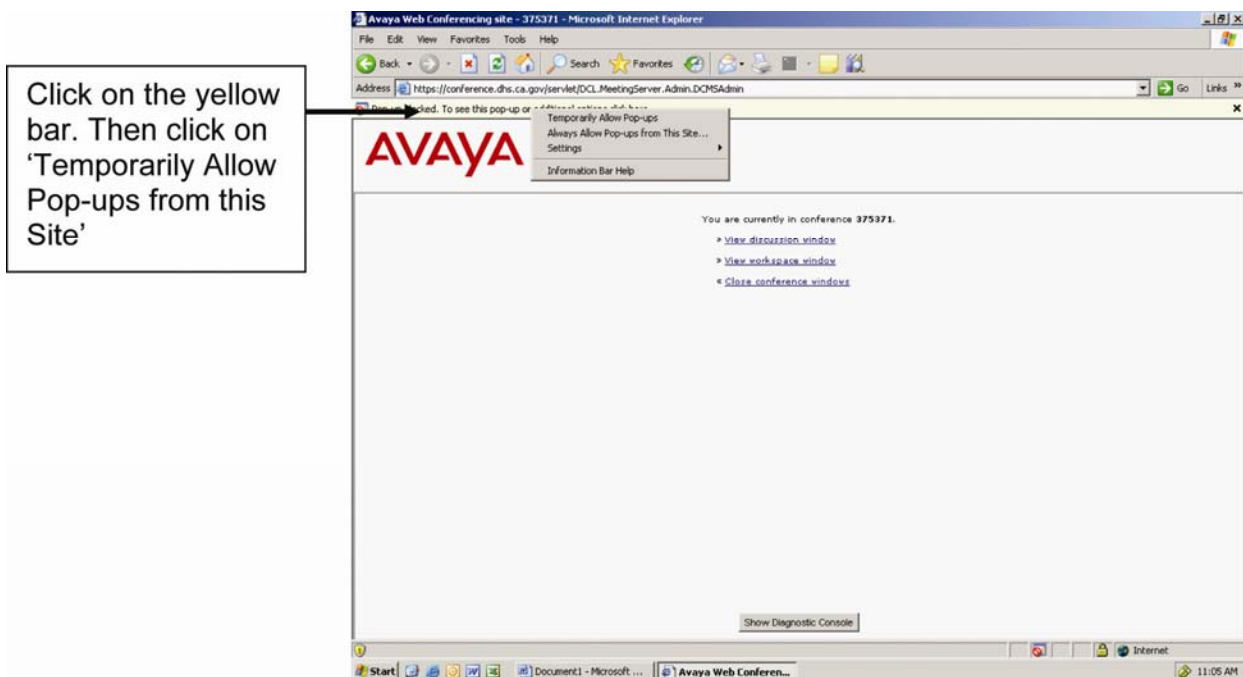
1. If you have pop-up blocking enabled on Internet Explorer 6 with SP2, you will not be able to see the conference. After you login you will see the following screen. Click “Ok.”



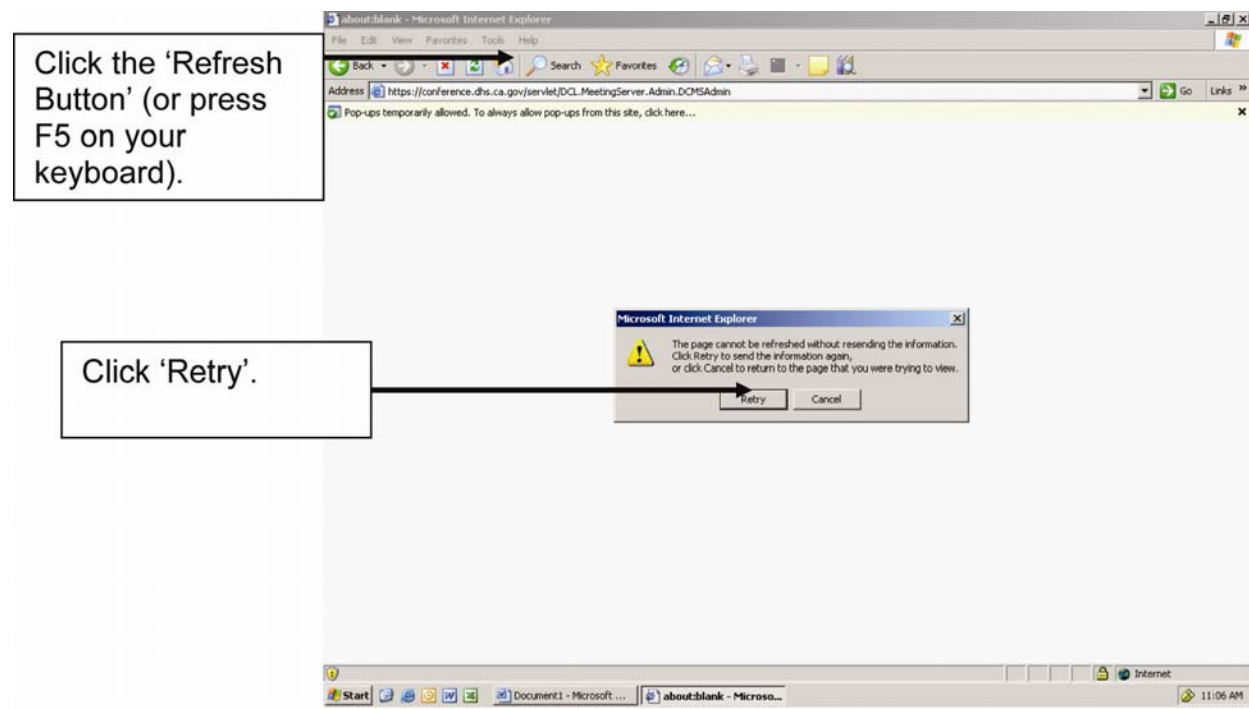
2. You will receive an error message from Avaya. Click “Ok.”



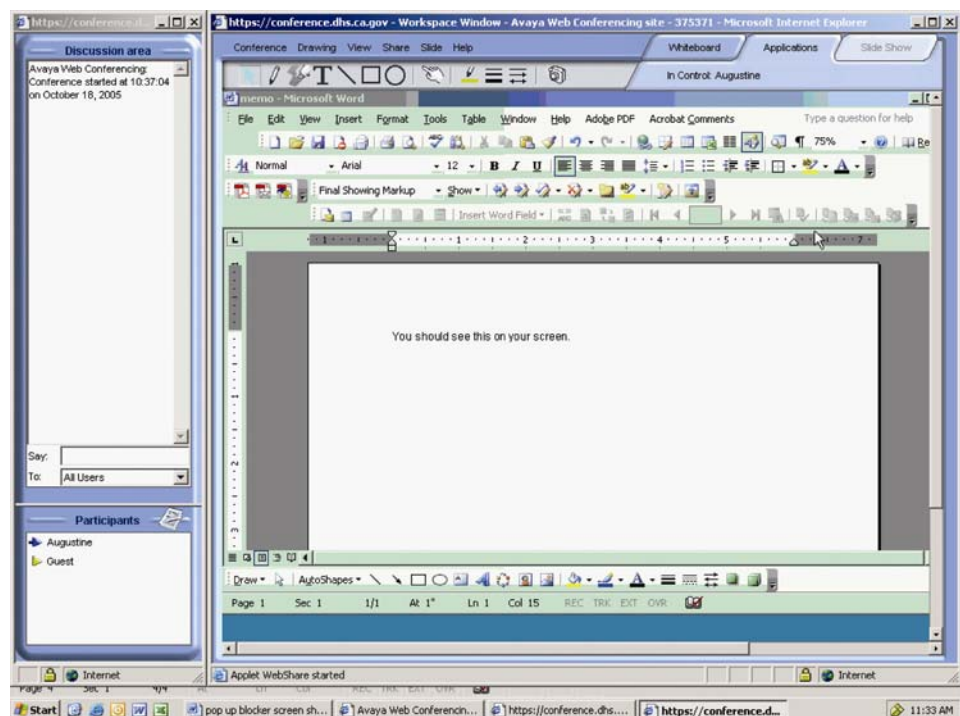
3. To allow Pop-ups, click on the yellow bar underneath the web address. Then click on “Temporarily Allow Pop-ups from this Site...”



4. Click the “Refresh button” (or press F5 on your keyboard). Click on “Retry” when the Microsoft Internet Explorer Window appears.



5. You will see the Discussion window on the left and the Conference window on the right.



Other Articles to Disable Pop-ups

Yahoo Toolbar –

<http://help.yahoo.com//us/yahoo/toolbar/features/popupblocker/basic/pub-13.html>

Google Toolbar –

<http://www.google.com/support/toolbar/bin/answer.py?answer=9160&topic=116>

COMPUTER HARDWARE/SOFTWARE MINIMUM SPECIFICATIONS

The following hardware/software minimum specifications are necessary to ensure the proposed project has equipment for the purposes of: producing state-mandated progress reports, completing statewide independent evaluation instruments and reports, and participating in the Policy Advisory Resource Tobacco Network Education System and the Online Tobacco Information System. Desktop computers should have a Pentium IV processor, adequate hard disk space, 512 megabyte (MB) to 1 gigabyte (GM) of memory, 1.44 megabyte diskette drive, CD Rom drive, and network card (for connecting to LAN or broadband internet access).

Type	Minimum
Hardware	
Processor	Pentium IV-class
RAM	512MB-1GB
Monitor	17"
Printer	HP Laserjet printer
Network Card	10/100 ethernet network adapter card
Peripherals	3.5" or 1.44 megabyte diskette drive or CD/RW drive
Software	
Operating System	Microsoft (MS) Windows 2000 Professional or XP Professional Service Pack 2 ①
Presentation	PowerPoint 2003 (as part of MS Office 2003 Professional Service Pack 2 Application Suite) ②
Word Processing	Word 2003 (as part of Office 2003 Professional Service Pack 2 Application Suite) ②
Spreadsheet	Excel 2003 (as part of Office 2003 Professional Service Pack 2 Application Suite) ②
Database	MS Access 2003 (as part of Office 2003 Professional Service Pack 2 Application Suite) ②
Hard Disk Encryption	Existing Agency software standard or other hard disk encryption product
Browsers	Internet Explorer v. 6.0
Adobe Acrobat Reader	Adobe Acrobat Reader 7.x
Statistical	Epi info version 3.3 ③
Antivirus Software	Required (most current version of any brand)
JAVA Software	JAVA Runtime Environment v 5

① – Support for MS Windows 2000 Professional by MS ends June 2009.

② – Please note that MS support for MS Office XP Professional (2002 version of applications) ends June 2008. Support for MS Office 2000 Professional ends June 2007.

③ – May be downloaded for free at <http://www.cdc.gov/epiinfo/>

American Indian Casinos by County

COUNTY	ESTABLISHMENT	CITY	ZIP
Amador	Jackson Rancheria's Resort and Casino	Jackson	95642
Butte	Feather Falls Casino	Oroville	95966
	Gold Country Casino	Oroville	95966
Colusa	Colusa Casino and Bingo	Colusa	95932
Contra Costa	San Pablo Lytton Casino	San Pablo	94806
Del Norte	Elk Valley Casino	Crescent City	95531
	Lucky 7 Casino	Smith river	95567
Fresno	Mono Wind Casino	Auberry	93602
	Table Mountain Casino and Bingo	Friant	93626
Humboldt	Cher-Ae Heights Casino	Trinidad	95570
	Blue Lake Casino	Blue Lake	95525
	Lucky Bear Casino	Hoopa	95546
Imperial	Quechan Paradise Casino	Winter Haven	92283
Inyo	Paiute Palace Casino	Bishop	93514
Kings	Palace Indian Gaming Center	Lemoore	93245
Lake	Robinson Rancheria	Nice	95464
	Konocti Vista Casino and Bingo	Lakeport	95453
	Twin Pine Casino	Middletown	95461
Lassen	Diamond Mountain Casino	Susanville	96130
Madera	Chukchansi Gold Resort	Coarsegold	93614
Mendocino	Black Bart Casino	Willits	92539
	Hopland Sho-Ka-Wah Casino and Bingo	Hopland	95499
	Red Fox Casino	Laytonville	95454
	Coyote Valley Shodakai	Redwood Valley	95418
Modoc	Alturas Casino	Alturas	96101
	Desert Rose Casino	Alturas	96101
Placer	Thunder Valley Casino	Lincoln	95648
Riverside	Spa Hotel and Casino	Palm Springs	92262
	Soboba Legends Casino	San Jacinto	92581
	Agua Caliente Casino	Rancho Mirage	92270
	Pechanga Gaming Center	Temecula	92592
	Spotlight 29 Casino	Coachella	92236
	Morongo Casino Resort Spa	Cabazon	92230
	Cahuilla Creek Casino	Anza	92539
	Augustine Casino	West Coachella	92236
	Fantasy Springs Casino	Indio	92203
San Bernardino	Havasut Landing Resort	Havasut lake	92363
	San Manuel Indian Casino	Highland	92346
San Diego	Barona Casino	Lakeside	92040
	Pala Casino	Pala	92059
	Golden Acorn Casino	Campo	91906
	La Jolla Indian Slot Arcade	Valley Center	92082
	Viejas Casino and Turf	Alpine	91901
	Sycuan Indian Gaming	El Cajon	92019
	Harrah's Rincon Casino and Resort	Valley Center	92082
	Valley View Casino	Valley Center	92082
	Casino Pauma	Pauma Valley	92061
Santa Barbara	Chumash Casino	Santa Ynez	93460
Shasta	Pit River Casino	Burney	96013
	Win River Casino	Redding	96001
Sonoma	River Rock Casino	Geyserville	95441
Tehama	Rolling Hills Casino	Corning	96021
Tulare	Eagle Mountain Casino	Porterville	93258
Tuolumne	Chicken Ranch Casino	Jamestown	95327
	Black Oak Casino	Tuolumne	93614
Yolo	Cache Creek Casino	Brooks	95606

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**Tribal Casino Policy Survey Summary of Results
(N=19), Response rate: 76%**

Key Findings

1. A total of 19 respondents (response rate of 76%) filled out the online survey in June 2006. The survey asked project directors to comment on the status of smoke-free gaming in their counties by providing details on policies they were currently developing, or have already adopted and implemented. Respondents also gave feedback on the types of barriers and successes they encountered in the course of their work with tribal casinos around second hand smoke issues, and provided CCAP with a better understanding on the kinds of training that would be useful to project directors.

Status of Smoke-free Gaming

2. The majority of the counties surveyed (65%) have one casino in their county. Slightly more than half of the counties have some smoke-free areas in at least 50% or more of their casinos. The restaurant area was most likely to be smoke-free, followed by a separate enclosed gaming area.
3. A little over half (53%) of counties with tribal casinos were either working on developing smoke-free policies, have already adopted smoke-free policies or have already implemented smoke-free policies in their casinos.

Barriers and Successes

4. The most common barrier faced by counties working with tribal casinos around second hand smoke issues is Native American sovereignty (6 counties), followed by that of tribal businesses not seeing smoke-free casinos as a priority (4 counties).
5. Only a handful of counties indicated they have experienced any type of successes when working with tribal casinos around second hand smoke issues. Three counties (two in the past, and one currently) expressed that interest or support of tribal casino staff was the most frequently experienced success in their work.
6. When asked to indicate the kinds of barriers or successes tribal casinos face when trying to adopt or implement smoke-free policies in their counties, more than 70% of the respondents expressed that they had no knowledge. Those who did felt that economic concerns due to competition was the biggest barrier faced by tribal casinos, and patron support was the common success.

Technical Assistance and Training

7. The vast majority of respondents were agreeable to receiving training or technical assistance from CCAP on working with tribal casinos around second hand smoke issues. The three most helpful types of trainings were: 1) trainings such as

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Other:
<ul style="list-style-type: none"> • 1 concert hall is 100% smoke-free • hotel rooms 15 out of 55 rooms • smoke free event centers 4 • There are slot machines only in the SF area • concert venue • smoke free room, not completely enclosed • 1 smoke-free gaming room

¹ One respondent indicated that only the outside restaurant patio area is smoke-free.

² Two respondents indicated that their casinos have no bars, therefore the question did not apply to them.

2. What is the current status of smoke-free tribal gaming area policies in your county? (mark as many as apply)

	Yes	No
We are currently working with (number of) tribal casinos toward developing smoke-free policies (n=15)	3 (20%)	12 (80%)
<ul style="list-style-type: none"> - 1 casino - 6 casinos (Working with management to determine patrons' preference for smoke free areas and expand more smoke free areas) - Actually, the AI priority partnership was working here - we helped them conduct a survey of patrons and employees a couple years ago but have never been given the results, nor has the AI partnership ever followed up with us on any additional activities - so we currently are not doing anything and do not know the status of AI's progress. 		
Smoke-free policies have been adopted in (number of) tribal casinos in our county (n=14)	4 (28.6%)	10 (71.4%)
<ul style="list-style-type: none"> - 1 casino (restaurant's concert hall) - 1 casino (Casino has designated a smoke-free gaming room and concert/entertainment venue) - 1 casino (Lucky Bear Casino in Hoopa is smoke-free) - 4 casinos (Several casinos are moving towards separating smoke free areas from the smoking areas. They are enclosing smoke free sections for poker, bingo, and slot machines) 		
Smoke-free policies have been implemented in (number of) tribal casinos in our county (n=13)	3 (23.1%)	10 (76.9%)

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	Yes	No
<ul style="list-style-type: none"> - 1 casino (restaurant's concert hall) - 1 casino (Casino has designated a smoke-free gaming room and concert/entertainment venue) - 1 casino (Not sure. Originally it was to protect employees' health) - 6 casinos (6 casinos have written policies and signage for designated areas. No casino is completely smoke free) 		
No smoke-free policies exist in our tribal casinos and we are not currently working on this issue (n=15)	7 (46.7%)	8 (53.3%)

B. Barriers and Successes

3. Have you experienced any of the following **barriers** working with tribal casinos around second-hand smoke issues now or in the past?

Barrier	Yes, currently	Yes, in the past	No, this has never been a barrier	NA
a. Native American sovereignty (n=17)	6 (35.3%)	1 (5.9%)	—	10 (58.9%)
b. Challenges working directly with native tribes, instead of through American Indian organizations (n=16)	1 (6.3%)	3 (18.8%)	1 (6.3%)	11 (68.8%)
c. Legislative barriers (n=16)	—	--	2 (12.5%)	14 (87.5%)
d. Tribal businesses not seeing smoke-free casinos as a priority (n=16)	4 (25%)	--	--	12 (75%)
e. Other (n=4) - Casinos owned by corporations such as Harrah's - Tribal leader unwilling to discuss - We choose to assist American Indian agencies to work on tobacco control issues with American Indian people because it is more effective. - Casinos that are separated from tribal governance separate enterprises run on tribal land	4 (100%)	--	--	--

4. Which of the following have helped your **success** working with tribal casinos around second-hand smoke issues now or in the past?

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Successes	Yes, currently	Yes, in the past	No, we have not experienced this as a success	NA
a. The new CA ARB decision that clearly designates Secondhand Smoke as a Toxic Air Contaminant (n=17)	--	1 (5.9%)	1 (5.9%)	15 (88.2%)
b. Local policymaker support (n=16)	1 (6.3%)	--	2 (12.5%)	13 (81.3%)
c. Interest or support of tribal casino staff (n=15)	1 (6.7%)	2 (13.3%)	--	12 (80%)
d. Other (n=2) - Patrons asking for more smoke free areas - Community groups that have smoke free policies asking casino to designate their events smoke free	2 (100%)	--	--	--

5. What **barriers** are tribal casinos facing in adopting or implementing smoke-free policies in your county?

Barrier	Yes, currently	Yes, in the past	No, this has never been a barrier	I don't know
a. Economic concerns due to competition (n=16)	5 (31.3%)	--	--	11 (68.8%)
b. Trouble marketing or informing employees and/or patrons about new policies (n=16)	2 (12.5%)	--	1 (6.3%)	13 (81.3%)
c. Other (n=2) - Idea that gaming and smoking are connected - Idea that AC system will filter harmful smoke	2 (100%)	--	--	--

6. What **successes** have tribal casinos experienced in adopting or implementing smoke-free policies in your county?

Successes	Yes, currently	Yes, in the past	No, this has not been a success	I don't know
a. Patron support (n=16)	2 (12.5%)	1 (6.3%)	1 (6.3%)	12 (75%)
b. Employee support (n=16)	1 (6.3%)	1 (6.3%)	1 (6.3%)	13 (81.3%)
c. Other (n=3)	2 (67%)	1 (33%)	--	--

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Successes	Yes, currently	Yes, in the past	No, this has not been a success	I don't know
	<ul style="list-style-type: none"> - Community organizations' support - Other casinos' success with their policies 	<ul style="list-style-type: none"> - Management appeared to be supportive by allowing employees and patrons to be surveyed 		

7. Please list any additional comments regarding successes or barriers:

- Coyote Valley Shodakai Casino attempted to go smoke-free in the past but stopped being smoke-free because they felt they were losing revenue. From conversation I had with manager they are not even willing to reconsider this at this point.
- I cannot even get a tour of the casino with the Assistant Manager.
- We do not have access to any information regarding the survey that was done at our casino by the AI partnership. We have asked for the results and been told it is sensitive and had to go before tribal elders. There has been no follow up regarding any additional activities that may have been conducted in relation to the initial survey. We at the local level do not feel we have the expertise or authority/permission to do this on our own, and must rely on the AI partnership. This leaves us in a position where we can not move forward. We are not saying that the AI partnership is not doing their job, we are just confused as to what specifically that job is in relation to local casinos. Clarification on their role in relation to our role might help.
- This objective has not been included in our current SOW. Pending the outcome of the CX process later this year, we may include it in the new SOW.
- The issue of secondhand smoke and policy on tribal lands is very complex, due to the base issue of tribal sovereignty. No one really has the legal standing to tell tribes what to do. I think that diplomacy, not force, is the most effective approach. Trying to use force, I believe, will not only fail but may close the door to future work with the tribes. Currently, I see a lot of unfortunate and unnecessary polarization occurring between Native and Non-Native agencies and professionals in California. I believe it compromises California's position as an international leader in smoke-free policy. I like the work that San Diego is doing with casino patron groups. I think the economic approach has a lot of potential for success.
- Casinos have no interest in being smoke free.
- We do not currently have a casino in our county, however, several Tribal entities are proposing casinos. Our intent is to set policy before the casino(s) are built.

C. Technical Assistance and Training

8. Please indicate how helpful the following types of technical assistance or training from CCAP would be in your work promoting smoke-free tribal casinos?

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Type of TA or training	Mean ¹	Very helpful	Somewhat helpful	Not helpful at all
a. SHS and Priority Partnership trainings (n=16)	2.19	6 (37.5%)	7 (43.8%)	3 (18.8%)
b. Local coalition trainings (n=16)	2.06	5 (31.3%)	7 (43.8%)	4 (25%)
c. Collaborative trainings with Native American Tobacco Control groups(n=16)	2.50	9 (56.3%)	6 (37.5%)	1 (6.3%)
d. TA requests from the Local Lead Agencies, American Indian Tobacco Education Partnership, etc. (n=16)	2.31	6 (37.5%)	9 (56.3%)	1 (6.3%)
e. Trainings such as "Promoting Smoke-Free Casinos" or "A Sure Bet with Smoke-Free Casinos" or "Smoke-free Casinos--Good for Health and Good for Business" (n=15)	2.56	9 (60%)	6 (40%)	—
f. Media (e.g., billboards and/or and gaming magazine ads) (n=15)	2.20	6 (40%)	6 (40%)	3 (20%)
g. Educational materials (n=15)	2.47	8 (53.3%)	6 (40%)	1 (6.7%)
h. Other (n=2) - At this point ANYTHING would be helpful -Training on how to work with a Sovereign nation		2 (100%)	—	—

¹The mean score is derived from a three point scale, 3=Very helpful, 2= Somewhat helpful, 1=Not helpful at all.

9. What information or support would you like from CCAP around working with tribal casinos on second-hand smoke issues?

- I plan on having an objective around casinos in my next work plan.
- I am not working on casino issues.
- At this point I am not certain of what would be really helpful, since I have not begun working in this area due to limited resources. I think if more resources (personnel time) were available we would consider approaching tribes with casino to determine how we could begin to work on this issue. It is not helpful to us that other organizations from outside our community bring messages that may be perceived as coming from us when we have not even begun to approach these communities. Working with ethnic communities in our county requires that we establish a relationship to begin to build trust and I think we need to focus on this prior to any other type of work being done with these groups/communities.
- Information that smoke free casinos are successful endeavors. Materials that will cite this as fact.
- Anything that will help us move forward.
- Trainings on successes of other casinos.

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- Working collaboratively with American Indian agencies and AITEP, produce educational materials for Tribal Councils and casino management using the new information from the CAB and the new Surgeon General's report. (If this hasn't been done) Work with AITEP to produce a PowerPoint that can be used along with the above information for public health presentations to tribal councils.
- A Statewide conference addressing all these issues would be most helpful. You might want to think about holding it in Riverside Co because we have so many casinos - just a thought. Also, I don't think folks working in tobacco know how to approach the casinos and/or management - without being offensive.

D. Next steps

10. Please mark what type of planning and/or action steps your agency will be working on within the next year to promote smoke-free tribal casinos in your county? *(mark as many as apply)*

	Responses
Address in next scope of work plan 07-10	6 (31.6%)
Join a tribal casino task force/coalition	3 (15.8%)
Create a local tribal casino task force/coalition	3 (15.8%)
Provide education/materials to tribal casino patrons and/or staff	5 (26.3%)
Contact local media regarding this topic	4 (21.1%)
None	6 (31.6%)

Other:

- *If it comes up as one of the priority areas of focus in our community assessments then we will consider addressing this issue.*
- *We do have a voluntary policy that states no one will smoke 20 feet in front of the Tribal Health Clinic and the support of it by the staff and DR. Barrett.*
- *Work with tribe to survey patrons for preference of more smoke free areas. Letter writing campaign from community.*
- *We are not planning to work on this as we have been under the impression that it is an issue that the AI partnership has the lead on and we are in a supporting role.*
- *We do have representation on our Coalition from the Morongo Reservation. Unfortunately they don't attend very often.*

11. Please list any other comments you would like to add:

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- It is hard to say we will focus on this issue with the limited resources (personnel time) and other priorities that may seem more important for us to address. We will have to see what comes up in our community assessments and prioritize to determine what we will be able to work on with our limited resources.
- The Tribe is okay with having the Hotel have some smoke-free rooms and the Buffet. It is also letting the clinic and the health club advertise for my Cessation classes. But I am having a tough time getting into the Casino unless I go as a patron not a Tobacco Coordinator.
- In an advisory vote in the recent election, our citizens narrowly voted down a proposed off site casino in our county. The Grindstone Rancheria may end up building a casino on their site. We will be keeping a close watch on this.
- Ideas in # 10 above are helpful if/when we adopt this as an objective in our next SOW.
- At some point this issue will be addressed and possibly in our next work plan if our coalition is interested in this as we go through the CX process.
- We will continue to work with our local American Indian agencies on their casino education activities.
- The more information LLAs can receive over the next 6 months would be very helpful with writing the new 07 - 11 tobacco plan.



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Thursday, March 08, 2007

Results Summary Show All Pages and Questions

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Status: Enabled

Reports: Summary and Detail

1. Untitled Page

1. 1. Project Type:

	Response Percent	Response Total
Local Lead Agency (LLA)	45.3%	53
Competitive Grantee - Local Program Interventions	17.9%	21
Competitive Grantee - Priority Populations Planning Grantee	23.9%	28
Competitive Grantee - Statewide Project	12.8%	15
STAKE Contractor	0%	0
Media Contractor	0%	0
Evaluation Contractor	0%	0
Total Respondents		117
(skipped this question)		0

2. 2. Project Role:

	Response Percent	Response Total
Project Director	39.3%	46
Project Coordinator	29.9%	35
Project Staff (Health Educator)	17.9%	21
Evaluator	1.7%	2
Consultant	2.6%	3
Advisory Board Member (Partnerships)	0.9%	1
Coalition Member (LLA)	2.6%	3

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Community Planning Group Member (Planning Grantees)	0%	0
Task Force Members (LLA/Partnerships)	0%	0
View Other (explain)	5.1%	6
Total Respondents		117
(skipped this question)		0

3. 3. Please check the box that most closely presents your personal experience with tobacco control.

	Response Percent	Response Total
Less than 1 year	15.4%	18
1 - 2 Years	10.3%	12
2 - 5 Years	29.9%	35
5 - 10 Years	19.7%	23
10 or more Years	24.8%	29
Total Respondents		117
(skipped this question)		0

4. 4. Do you currently work with or collaborate with one or more of the identified priority populations?
Please check all that apply.

	Response Percent	Response Total
African American	29.9%	35
American Indian/Alaskan Native (specify on next page)	19.7%	23
Asian/Pacific Islander	23.1%	27
Hispanic/Latino	54.7%	64
Lesbian/Gay/Bisexual/Transgender	27.4%	32
Construction/Labor	12%	14
Low Socioeconomic Status	53%	62
18-24 Year Olds	41%	48
Active Military	5.1%	6
View Other	13.7%	16
Total Respondents		117
(skipped this question)		0

2. Untitled Page

1. If you currently work with or collaborate with the Asian/Pacific Islander population, please specify a group.

Survey Summary

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[View](#) Total Respondents 26
(skipped this question) 91

3. Untitled Page

1. 4(a) Where do you work with or collaborate with the above identified populations? (Check all that apply)

	Response Percent	Response Total
Rural	55.6%	60
Urban	52.8%	57
Suburban	40.7%	44
Total Respondents		108
(skipped this question)		9

2. 4.(b) Is this a part of your current TCS Scope of Work activities?

	Response Percent	Response Total
Yes	77.8%	84
No	14.8%	16
N/A	7.4%	8
Total Respondents		108
(skipped this question)		9

3. 5. Which of the following training topics do you feel your agency/staff could benefit from if presented in a plenary or workshop session? (check all that apply)

































	Response Percent	Response Total
No Needs Identified at this Time	1.9%	2
American Indian Sovereignty Issues & Policy Development	14.8%	16
Asset Building	15.7%	17
Building & Maintaining Diverse Coalitions	38.9%	42
Curriculum for hard to reach populations (specify on next page)	25%	27
Coalition Building/Recruitment	38.9%	42
Communications Strategies	26.9%	29
Community Assessment Tools	23.1%	25
Community Organizing	27.8%	30
Collaboration with Faith-Based Organizations	23.1%	25
Cultural Diversity Training	28.7%	31

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Data on Prevalence rates for priority populations (specify on next page)		21.3%	23
Development of LLA guidelines (2007 - 2010)		15.7%	17
Evaluation Methods		21.3%	23
Evaluation Methods for Hard to Reach Populations		24.1%	26
Health Disparities		31.5%	34
Language – specific education materials		16.7%	18
Literature on priority populations		23.1%	25
How to Work with Media		19.4%	21
How to Work Effectively with Youth?		25.9%	28
How to Effectively work with Young Adults (18-24 year olds)		24.1%	26
Indian Gaming/Smoke Free Casino Policies		12%	13
Industry Profiling		12%	13
Labor, Unions, & Tobacco		6.5%	7
LGBT Issues		14.8%	16
Linkages between Tobacco and Drug Treatment/Recovery Programs		29.6%	32
Looking at Comparative Cultures and Appreciating Cultural Diversity		21.3%	23
Preparation of Low-Literacy Material		25%	27
Media-Related Resources		14.8%	16
Media/Spokesperson Training		14.8%	16
Midwest Academy Strategy Planning		13.9%	15
Policy Development		25.9%	28
Project Smart Money (Sponsorships)		9.3%	10
Resource guide of agencies that work with priority populations		15.7%	17
Smoke-Free Multi-Unit Housing		30.6%	33
Secondhand/Outdoor Tobacco Smoke		36.1%	39
Tobacco and Civil Rights		22.2%	24
Training on Low Literacy Materials		23.1%	25
Transnational Tobacco		7.4%	8
Understanding Disparities in Health as Related to Social & Environmental Justice		35.2%	38
The Impact of Health Disparities on Disenfranchised Communities		27.8%	30
Understanding the Impact of Poverty and Unequal Treatment		30.6%	33
Working Effectively with Low Socio-economic Populations		45.4%	49
Other (please specify)		6.5%	7

Survey Summary

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[View](#)

Total Respondents 108
(skipped this question) 9

4. Untitled Page

1. If you selected that you and your agency/staff could benefit from training on 'Curriculum for hard to reach populations', please provide specific information on the type of curriculum below.

[View](#) Total Respondents 22
(skipped this question) 95

2. If you selected that you or your agency/staff could benefit from training on 'Data on Prevalence rates for priority populations' please specify the specific data prevalence below.

[View](#) Total Respondents 23
(skipped this question) 94

5. Untitled Page

1. 6. The Planning committee would like to invite projects to share in a Poster Session (which may be formally included as part of the agenda as "Show N Tell") highlights of lessons learned, and/or proven strategies of successful programs that have worked with priority populations & coalitions based on previous evaluation results . Would you be interested in submitting an abstract to be presented in a Poster Session? If yes, what topic would you be interested in presenting?

[View](#) Total Respondents 27
(skipped this question) 90

2. 7. Based on prospective conference topics please provide up to 3 suggestions for potential keynote speakers along with their area of expertise:

	Response Percent	Response Total
View Name:	100%	23
View Phone Number:	56.5%	13
View E-mail Address:	65.2%	15
View Area of Expertise:	91.3%	21
Total Respondents		23
(skipped this question)		94

3.

	Response Percent	Response Total
View Name:	100%	9

2006 Priority Populations and Tobacco Control Conference/Pre-Conference Needs Assessment Survey Results

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View	Phone: Number:		66.7%	6
View	E-mail Address:		55.6%	5
View	Area of Expertise:		88.9%	8
Total Respondents				9
(skipped this question)				108

4.

		Response Percent	Response Total
View	Name:	100%	4
View	Phone: Number:	75%	3
View	E-mail Address:	75%	3
View	Area of Expertise:	100%	4
Total Respondents			4
(skipped this question)			113

5. (a) Please provide up to 3 suggestions for potential workshop/breakout session speakers along with their area of expertise:

		Response Percent	Response Total
View	Name:	93.8%	15
View	Phone Number:	75%	12
View	E-mail Address:	68.8%	11
View	Area of Expertise:	100%	16
Total Respondents			16
(skipped this question)			101

6.

		Response Percent	Response Total
View	Name:	91.7%	11
View	Phone Number:	75%	9
View	E-mail Address:	75%	9
View	Area of Expertise:	100%	12
Total Respondents			12
(skipped this question)			105

7.

2006 Priority Populations and Tobacco Control Conference/Pre-Conference Needs Assessment Survey Results

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		Response Percent	Response Total
View	Name: [REDACTED]	100%	4
View	Phone Number: [REDACTED]	75%	3
View	E-mail Address: [REDACTED]	75%	3
View	Area of Expertise: [REDACTED]	100%	4
Total Respondents			4
(skipped this question)			113

8. 8. Would you be interested in being an Exhibitor?

		Response Percent	Response Total
Yes	[REDACTED]	20.2%	20
No	[REDACTED]	79.8%	79
Total Respondents			99
(skipped this question)			18

9. 9. TCS plans to host/sponsor one Dinner event during the conference, would you rather this event be scheduled as a Dinner Banquet on Day One or Day Two?

		Response Percent	Response Total
Day One	[REDACTED]	76%	76
Day Two	[REDACTED]	24%	24
Total Respondents			100
(skipped this question)			17

10. (a) Would you prefer that TCS host the dining event Buffet Style or as a served meal?

		Response Percent	Response Total
Buffet Style	[REDACTED]	58%	58
Serve Meal	[REDACTED]	42%	42
Total Respondents			100
(skipped this question)			17

11. 10. Please briefly list/include any other suggestions/comments that you may have regarding the content of the 2006 Priority Populations & Coalitions Conference in the space provided below:

View	Total Respondents	27
(skipped this question)		90

**2006 Priority Populations and Tobacco Control Conference/Pre-Conference
Needs Assessment Survey Results**

Survey Summary

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If you currently work with or collaborate with the Asian/Pacific Islander population, please specify a group.

1. South Asian
2. Vietnamese
3. Project RIDE
4. Asian Advocacy Project of Marin
5. Korean, Chinese, Vietnamese, Pacific Islander, Southeast Asian
6. Mein
7. SF Based, Asian health Foundation/API Project
8. Southeast Asian (Hmong, Mien, Lao, Vietnamese). Pacific Islanders (Tongan, Fijian, Samoan) Filipino
9. Cambodian, Vietnamese
10. UPAC

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If you selected that you and your agency/staff could benefit from training on 'Curriculum for hard to reach populations', please provide specific information on the type of curriculum below.

1. Curriculum that includes Best Practices for Community Mobilizing or Creating Effective Partnerships to create successful initiatives focusing on hard to reach populations
2. Using cultural arts/community theatre
3. Smoke Free Apartments
4. American Indian/Native Alaskan
5. Cessation for Latino/Hispanic
6. presentations
7. Hispanic materials
8. Educational and training materials in the specific language (ex: Cambodian/English and Vietnamese/English) that incorporate cultural mores and traditions that may pose barriers to treatment
9. user friendly, culturally appropriate
10. Development of curricula for use by multiple audiences
11. cessation training materials for low-literacy groups particularly Spanish speaking individuals, using more pictures vs. text. Maybe developing a flip chart to do cessation or tobacco education.
12. low literacy materials availability
13. cessation: Latinos, low-literacy
14. Visual aids for people who do not read (even in their own language)
15. Tu Mien youth
16. hispanic people who have no health care; undocumented
17. young parents
18. Migrant farmworkers, Hispanic in general
19. low SES
20. Educational tools other than written materials

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- 21.** Due to rural setting, transportation is always a problem. Also many families live in isolation. Reaches young parents to provide information is always a challenge.
- 22.** Smoking cessation curriculum targeting low-SES populations at the workplace

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If you selected that you or your agency/staff could benefit from training on 'Data on Prevalence rates for priority populations' please specify the specific data prevalence below.

1. smoking prevalence
2. Hispanic/Latino in Sonoma County
3. American Indian?Native Alaskan
4. young adults 18-29 years old
5. 18-24 year olds (outside of college)
6. smoking and socio-economic
7. Prevalence of tobacco use and seeking cessation
8. Smoking prevalence rates for each of the priority populations would be helpful.
9. How to increase the amount of American Indian specific data available
10. spit tobacco use by county
11. It would be great to have Hispanic/Latino smoking rates by county, especially for those counties with greater than 30% Hispanic population, which are quite a few!
12. American Indian rates
13. immigrants, farmworkers
14. Smoking related morbidity and mortality rates for Southeast Asian populations
15. LGBT
16. Iu Mien
17. hispanic/latino youth
18. Prevalence by ethnicity for African American, Latino, and Asian/Pacific Islander. Further breakdown by age such as 17 and under, 18-24, and 25 +.
19. Low SES, Hispanic
20. Mortality from smoking

Survey Detail

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- 21. Locating or extrapolating local data from region and state data
- 22. It is difficult to gain community support due to the lack of local statistics.
- 23. Prevalence rates for low-SES populations as compared to other groups and forecasts

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6. The Planning committee would like to invite projects to share in a Poster Session (which may be formally included as part of the agenda as "Show N Tell") highlights of lessons learned, and/or proven strategies of successful programs that have worked with priority populations & coalitions based on previous evaluation results . Would you be interested in submitting an abstract to be presented in a Poster Session? If yes, what topic would you be interested in presenting?

1. no
2. No
3. Yes, we would provide information on how we reached "secret smokers" (some of whose co-workers and even family members are unaware of their smoking habits), as well as single parents, road crews, construction workers etc.
4. Sutter County is currently conducting a cessation program specifically geared toward women in a drug treatment recovery program. We have learned a lot and will have a lot to share if interested.
5. n/a
6. How did the smoking rate at UC Berkeley fall 35% in 5 years? Interested in presentitng depending upon dates, place, etc.
7. Not at this time
8. Yes - restricting tobacco sponsorship of rodeos
9. Maybe -- case studies on local tobacco retailer licensing ordinances
10. quite possibly on focus group data with Hispanic/Latinoapartment residents and SHS issues, attitudes, beliefs.
11. Cessation for LGBT 18-24 year olds
12. No.
13. No
14. Not at this time.
15. Outreach to the LGBT Community
16. We do not have anything implemented yet.
17. working with faith based organizations on voluntary policies
18. NO

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19. Tobacco Retail Licensing
20. Yes, but to be identified later
21. no
22. NA
23. Voluntary Advertising reductions do not work; Tobacco Retailer Licensing policies must have enforcement \$ built in or it will never get done;
24. NO
25. Not at this time. By October 2006 we will only be a few months into Phase II of our activities.

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10. Please briefly list/include any other suggestions/comments that you may have regarding the content of the 2006 Priority Populations & Coalitions Conference in the space provided below:

1. No suggestions at the moment
2. Great Job everyone
3. no
4. Again I would like to see more arts integrated in these sessions. Community theatre comes to mind.
5. Locally we are changing our messaging and media outreach to reach smokers that have not been reached before, as the ones mentioned above. In this youth oriented culture, please don't forget seniors. We still have much to learn about helping grandparents quit smoking. As someone who has been working on a bi-national collaboration with the Minister of Health of Mexico during the past year (as well as pilot projects I started in Brazil and Greece) I would be available to help with any transnational issues sessions. We have been serving many immigrant groups here in the Bay area, and now using materials and research findings to help their home countries.
6. How about getting creative by involving a Tobacco Prevention Street Theater group--Go To:
http://www.doh.wa.gov/Tobacco/fact_sheets/communitydoings.htm
7. None. I have never attended so any/all information will be appreciated.
8. n/a
9. None at this time.
10. We need the ability to discuss openly how we feel after one year of the change from Ethnic Networks to Priority Populations. What are the positives and the negatives as a result. What are the things that we can do better.
11. The 3rd Annual Spit Tobacco Summit is being held on October 16-18; I request that this meeting not overlap with those dates. I know of several PDs other than myself who will likely want to attend.
12. It would be good to include free time and/or structured opportunities for lots of networking, especially if coalitions will be attending.
13. Allow time and opportunities for networking. Assume there is more than 1 method (i.e. Midwest Academy chart) to achieve policy goals.
14. please build in additional networking opptys for participants, e.g. pre-dinner 'social hour' time; community bulletin board to post info and resources, business cards, etc.; breakout or roundtable type sessions for PP grantees to meet and share info on projects/progress, perhaps as a "power breakfast" or early p.m. event?. Also, include brief physical activity/stretch and movement breaks between sessions thruout day--its hard to just sit! If hosting in No. Calif. area, can it be in Bay Area (Oakland or S.F., or even Monterey) instead of Sacramento? There are great facilities and

access to amenities nearby... plus it could generate more of a media "buzz".

15. Dinner meetings are difficult for Calaveras since we do not stay over and yet the travel is 2 hours. Prefer a healthy lunch event time or a clear enough evening agenda to justify an overnight request. Otherwise we are too tired to get much out of day 2 since we are exhausted from day and night of day 1.
16. None
17. Consider a break out with the 6 PP subgroups. Provide networking opportunity to share experiences specific to our PP group.
18. Have time for all projects to interact with speakers Have sessions where people get to the heart of working better together
19. Please have a buffet that is multi-cultural representing appropriate priority populations. Use of sustainable and organic foods would be appreciated.
20. Have a vegetarian entree for meals. Allow time for participants to share info during breakout sessions - roundtable format, and in between sessions. Provide a binder with Power Point presentation notes and handouts.
21. I would like the conference to include examples of ethnic theater, dance, music, etc. perhaps during or after the banquet. This conference highlights priority populations. It would be appropriate to honor these populations by highlighting some of their cultural achievements.
22. It seems that the tobacco control community would be best served if topics are chosen that not only address successes in very specific communities but give attendees the opportunity to learn ways to apply the narrow successes to larger communities. I feel strongly that each speaker should be encouraged to have interactive portions of the workshop in which the speaker and attendees can brainstorm ideas on ways to achieve success in a diverse community.
23. Northern California please
24. More examples of successful materials and programs from other states/countries now that tobacco is finally spreading into the rest of the world.
25. Please allow time to digest and discuss the content provided. Interactive sessions help in my learning process. Certainly, this is probably more easily done with break out sessions, but if there would be something designed for the plenary sessions that would be appreciated.
26. The sessions should be planned to allow each speaker enough time to discuss their topics in more detail. There has to be enough time for questions and answers to maximize exchange of information. Topics should be original and not a repetition of previous presentations. Most participants know what the problems are. What needs to be discussed is the solutions, the tools to use, and the particular individuals from each priority population group who can have actual hands-on assistance available when needed.
27. That the breakout session do not go over an hour long.

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1. Untitled Page

1. 1. Project Type

	Response Percent	Response Total
Local Lead Agency (LLA)	56.7%	38
Competitive Grantee - Statewide Projects	22.4%	15
Competitive Grantee - Local Projects	20.9%	14
Total Respondents		67
(skipped this question)		2

2. 2. Health Jurisdiction Characteristic

	Response Percent	Response Total
Rural	51.7%	31
Urban	31.7%	19
Suburban	16.7%	10
Total Respondents		60
(skipped this question)		9

3. 3. Please check the box that most closely presents your personal experience with tobacco control.

	Response Percent	Response Total
Less than 1 year	9%	6
1 - 2 Years	10.4%	7
2 - 5 Years	14.9%	10

2006 Tobacco Control Program Expansion Survey Training Questions Results Only

Survey Summary

APPENDIX O

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5 - 10 years		37.3%	25
10 or more years		28.4%	19
Total Respondents			67
(skipped this question)			2

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Results Summary 6. Training Needs for Local Programs

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6. Training Needs for Local Programs

1. 1. To what extent would your project participate in training and technical assistance to increase project capacity in the following areas:

	Not Likely (1)	(2)	(3)	(4)	Very Likely (5)	Response Average
A. Legal/policy issues	2% (1)	10% (5)	12% (6)	22% (11)	54% (27)	4.16
B. Community organizing	0% (0)	10% (5)	36% (18)	22% (11)	32% (16)	3.76
C. Youth coalition development and maintenance	18% (9)	14% (7)	22% (11)	18% (9)	28% (14)	3.24
D. Adult coalition development and maintenance	6% (3)	18% (9)	20% (10)	30% (15)	26% (13)	3.52
E. Youth/young adult advocacy	12% (6)	18% (9)	20% (10)	24% (12)	26% (13)	3.34
F. Budgeting/accounting	22% (11)	20% (10)	29% (14)	14% (7)	14% (7)	2.78
G. Local program evaluation	2% (1)	24% (12)	29% (14)	29% (14)	16% (8)	3.33
H. Working with diverse populations	2% (1)	18% (9)	16% (8)	28% (14)	36% (18)	3.78
I. Local public relations activities (e.g., writing a news release, planning a media event, obtaining media coverage)	14% (7)	14% (7)	27% (14)	18% (9)	27% (14)	3.31
J. Spokesperson training	12% (6)	10% (5)	25% (13)	33% (17)	20% (10)	3.39
K. Effective advertising and message development	8% (4)	14% (7)	12% (6)	33% (17)	33% (17)	3.71
L. Buying local media	14% (7)	16% (8)	29% (15)	20% (10)	22% (11)	3.20
Total Respondents						51
(skipped this question)						18

2. 2. To what extent would your project participate in training and technical assistance to increase project capacity in the following content areas:

Not Likely (1)	(2)	(3)	(4)	Very Likely (5)	Response Average
----------------	-----	-----	-----	-----------------	------------------

2006 Tobacco Control Program Expansion Survey Training Questions Results Only

APPENDIX O

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A. Smoke-free multi-unit housing	6% (3)	11% (5)	9% (4)	15% (7)	60% (28)	4.11
B. Smoke-free American Indian gaming	42% (20)	15% (7)	15% (7)	12% (6)	17% (8)	2.48
C. Smoke-free outdoor dining	8% (4)	21% (10)	33% (16)	10% (5)	27% (13)	3.27
D. Smoke-free indoor worksites exempted by Labor Code 6404.5 (e.g., tobacco only retailers, hotel lobbies, etc.)	15% (7)	27% (13)	17% (8)	21% (10)	21% (10)	3.06
E. Tobacco company sponsorship	20% (10)	27% (13)	18% (9)	10% (5)	24% (12)	2.92
F. Entertainment industry glamorization of tobacco use	31% (15)	22% (11)	10% (5)	20% (10)	16% (8)	2.69
H. Free tobacco sampling	29% (14)	22% (11)	16% (8)	16% (8)	16% (8)	2.69
I. Tobacco sales in pharmacies and drug stores	19% (9)	15% (7)	31% (15)	19% (9)	17% (8)	3.00
J. Cessation	4% (2)	8% (4)	6% (3)	12% (6)	70% (35)	4.36
K. Nicotine maintenance (Harm reduction)	10% (5)	10% (5)	24% (12)	27% (13)	29% (14)	3.53
L. Retail environment	10% (5)	6% (3)	17% (8)	29% (14)	38% (18)	3.77
M. Enforcement	6% (3)	8% (4)	4% (2)	35% (17)	46% (22)	4.06
Total Respondents						51
(skipped this question)						18

3. 3. Please indicate your preferred mode of training for tobacco-related issues:

	Least preferred (1)	(2)	(3)	(4)	Most preferred (5)	Response Average
A. Face-to-face	2% (1)	0% (0)	2% (1)	18% (9)	78% (38)	4.69
B. Avaya web meetings/teleconferences	4% (2)	8% (4)	27% (13)	46% (22)	15% (7)	3.58
C. Technical Assistance Teleconferences	8% (4)	14% (7)	38% (19)	28% (14)	12% (6)	3.22
D. Internet training courses	10% (5)	24% (12)	33% (17)	20% (10)	14% (7)	3.04
E. Print manuals	36% (18)	14% (7)	32% (16)	10% (5)	8% (4)	2.40
Total Respondents						51
(skipped this question)						18

4. 4. What capacity building or content area needs are not being met in your current tobacco control program? (Open ended)

View Total Respondents 20
(skipped this question) 49

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1. General Questions

1. Please enter your project/agency contact information:

		Response Percent	Response Total
View	Project name: [REDACTED]	100%	55
View	Agency name: [REDACTED]	100%	55
View	Phone: [REDACTED]	100%	55
View	Email address: [REDACTED]	100%	55
View	City/county your project works in (if statewide, please indicate): [REDACTED]	100%	55
Total Respondents			55
(skipped this question)			0

2. If you expressed a need during the last needs assessment survey, how satisfied were you
with the way your need was addressed?




	Response Percent	Response Total
Did not express a need/did not answer the last survey [REDACTED]	70.9%	39
Dissatisfied [REDACTED]	0%	0
Somewhat satisfied [REDACTED]	18.2%	10
Very satisfied [REDACTED]	10.9%	6
Total Respondents		55
(skipped this question)		0

3. 1. What category of TCS funding does your program receive?

	Response Percent	Response Total
Local Lead Agency (LLA) [REDACTED]	69.1%	38
Competitive Grantee [REDACTED]	23.6%	13
View Other (please specify) [REDACTED]	7.3%	4
Total Respondents		55

(skipped this question) 0

4. 2. How would you characterize the area where you provide services or provide tobacco education? Check all that apply.

	Response Percent	Response Total
Rural 	70.9%	39
Urban 	38.2%	21
Suburban 	47.3%	26
Total Respondents		55
(skipped this question)		0

5. 3. Please check the box that most closely represents your professional experience with tobacco control.

	Response Percent	Response Total
Less than 1 yr. 	3.6%	2
1-2 years 	16.4%	9
3-5 years 	21.8%	12
More than 5 years 	58.2%	32
Total Respondents		55
(skipped this question)		0

6. 4. Please rate your project's need for education and training, in order to provide culturally competent services to the following priority populations.

	High need	Moderate need	Low need	Unsure or N/A	Response Average
African American/African Immigrants	8% (4)	32% (17)	45% (24)	15% (8)	2.44
American Indians/Alaska Natives	19% (10)	31% (17)	39% (21)	11% (6)	2.23
Asian and Pacific Islanders	20% (10)	26% (13)	42% (21)	12% (6)	2.25
Hispanic/Latinos	54% (29)	26% (14)	17% (9)	4% (2)	1.62
Labor Unions/Union Members	10% (5)	38% (20)	27% (14)	25% (13)	2.23
Lesbian/Gay/Bisexual/Transgender (LGBT) persons	17% (9)	23% (12)	47% (25)	13% (7)	2.35
Low Socioeconomic Status (e.g., persons with low education, low income, low opportunity)	55% (29)	28% (15)	15% (8)	2% (1)	1.60
Total Respondents					55
(skipped this question)					0

7. 5. Does your agency currently have scope of work objectives and/or activities that include one or more of the priority population groups listed? (Check all that apply.)

Response Response

California Priority Populations Partnerships 2006 Needs Assessment Survey Results

Survey Summary

APPENDIX P

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	Percent	Total
African American/African Immigrants	24.1%	13
American Indians/Alaska Natives	18.5%	10
Asian and Pacific Islanders	20.4%	11
Hispanic/Latinos	48.1%	26
Labor Unions/Union Members	5.6%	3
LGBT Persons	18.5%	10
Low Socioeconomic Status	44.4%	24
None at this time	27.8%	15
Total Respondents		54
(skipped this question)		1

8. 6a. In which priority populations do you feel you need to invest more time, energy, and resources to meet their tobacco control needs? (Check all that apply.)

	Response Percent	Response Total
African American	17%	9
American Indian/Alaska Native (please specify tribal affiliation in question 6b)	18.9%	10
Asian and Pacific Islander (please specify heritage from which countries in question 6b)	18.9%	10
Hispanic/Latino (please specify subgroup in question 6b)	62.3%	33
Labor Unions/Union Members	7.5%	4
LGBT	18.9%	10
Low Socioeconomic Status	64.2%	34
None at this time	3.8%	2
Total Respondents		53
(skipped this question)		2

9. 6b. If you selected American Indian/Alaska Native, Hispanic/Latino or Asian Pacific Islander in questions 6 above, please specify tribal affiliation, subgroup or heritage:

	Response Percent	Response Total
View American Indian/Alaska Native tribal affiliation:	24.4%	10
View Asian and Pacific Islander heritage from the following countries:	24.4%	10
View Hispanic/Latino subgroup (e.g., Mexican, Mexican/American, Cuban, Puerto Rican, Central American, South American, Other):	75.6%	31

Total Respondents 41
(skipped this question) 14

10. 7. What would help your program better address the tobacco control/education needs of specific priority populations?

View **Total Respondents** 50
(skipped this question) 5

11. 8. Please identify barriers that you've encountered in trying to work more closely with one or more priority population. Please specify the population you are referring to:

View **Total Respondents** 45
(skipped this question) 10

12. 9. In general, what forms of technical assistance and training (TAT) does your program need in order to help you address Asset 3.1 (CX Asset 3.1: Extent of participation by ethnically and culturally diverse groups on community tobacco control coalitions in relation to their proportion in the community.)

View **Total Respondents** 47
(skipped this question) 8

13. 10. Please specify TAT needs for African American populations.

View **Total Respondents** 31
(skipped this question) 24

14. 11. Please specify TAT needs for American Indian populations:

View **Total Respondents** 33
(skipped this question) 22

15. 12. Please specify TAT needs for Asian/Pacific Islander populations.

View **Total Respondents** 32
(skipped this question) 23

16. 13. Please specify TAT needs for Hispanic/Latino populations.

View **Total Respondents** 36
(skipped this question) 19

17. 14. Please specify TAT needs for Labor populations.

View **Total Respondents** 30

(skipped this question) 25

18. 15. Please specify TAT needs for Low Socio-Economic Status populations.

[View](#) Total Respondents 38

(skipped this question) 17

19. 16. Please specify TAT needs for LGBT populations.

[View](#) Total Respondents 33

(skipped this question) 22

20. 17. Please identify any Priority Population resources that might be useful to share with other TCS grantees.

[View](#) Total Respondents 26

(skipped this question) 29

2. Low SES Population Questions


1. 1. Do you currently work with or have you worked in the past with government and/or private Low SES service providers in your county such as Headstart, WIC, Boys and Girls Clubs, community health or medical clinics, or homeless shelters?

	Response Percent	Response Total
Yes 	84.9%	45
No 	15.1%	8
Total Respondents		53
(skipped this question)		2

2. 2. Have any vocational/technical/trade schools in your area successfully adopted private smoke-free outdoor entryway policies?

	Response Percent	Response Total
Yes 	25%	12
No 	75%	36
Total Respondents		48
(skipped this question)		7

3. 3. Do you have any relationships with building permit offices or housing departments in your city or county?

	Response Percent	Response Total
Yes 	37.7%	20

No	62.3%	33
Total Respondents		53
(skipped this question)		2

4. 4. Do you have activities in your Scope of Work relating to Low SES issues that involve working with: (Check all that apply.)

	Response Percent	Response Total
Exposure to secondhand smoke in tribal casinos	15%	3
Smoke free entryways at trade and vocational schools	15%	3
View Other (please specify)	80%	16
Total Respondents		20
(skipped this question)		35

5. 5. In the past, have you taken part in any activities that involved working with: (Check all that apply.)

	Response Percent	Response Total
Exposure to secondhand smoke in tribal casinos	40%	10
Smoke free entryways at trade and vocational schools	32%	8
View Other (please specify)	44%	11
Total Respondents		25
(skipped this question)		30

6. 6. Do you need technical assistance, training or materials to work with Low SES issues such as: (Check all that apply.)

	Response Percent	Response Total
Exposure to secondhand smoke in tribal casinos	50%	11
Smoke free entryways at trade and vocational schools	27.3%	6
View Other (please specify)	40.9%	9
Total Respondents		22
(skipped this question)		33

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15. Please specify TAT needs for Low Socio-Economic Status populations.

1. Again, increase awareness of best practices around various objectives working with Low Socio-Economic Status populations.
2. Increased collaboration on joint outreach activities; review and input on materials to be developed or revised to achieve greater accessibility by lower-literacy readers.
3. Working with community groups to locate outlets for advertising and increasing adult participation in the adult coalition.
4. Marketing our message to this population.
5. very interested in this population - high need in this county -short intro training -incorporating tobacco control into the social service system - good written materials and non-written materials
6. None at this time.
7. List of contacts, materials.
8. None at this time
9. None
10. I am unsure what could be provided that would be helpful. We have a large LSE population. We try to create activities to target this group. Cessation assistance that includes access to the patch/gum would be helpful.
11. none at this time
12. Much need, since most of our pop is low SES.
13. Cessation
14. more LLA staff
15. I don't even know where to begin.
16. Same as above.
17. Low literacy materials are always helpful.
18. N/A
19. Funding
20. None
21. Unknown
22. More information that could be used in easily understandable verbage.
23. None.
24. Outreach to isolated, rural, low income populations that have a cultural norm that accepts use of tobacco

by adults and youth.

25. n/a

26. Where can I reach out to them, how do I motivate them towards behavior change, and how can I help them feel comfortable?

27. No socio-economic specific technical assistance needed; see entries made at the different cultural Priority Populations.

28. see #9

29. Training and technical assistance on the health dynamics of low SES populations.

30. None at this time.

31. How to address their needs.

32. Best and appropriate methodologies, techniques, and strategies to educate low socio-economic status populations on tobacco related issues and health in general.

33. RESPECT and C CAP have provided our Central Valley Regional Tobacco Coalition with an excellent training on "Working with Low Socio-Economic Status California Keys to Success with Low SES and Building on a Smoke-free Foundations". Provided us with resources and valuable information.

34. How to involve and recruit the target group

35. Coalition recruitment Cessation promotion - adults and youth Advertising exploitation by the tobacco industry

36. Continued low reading level materials developed.

37. What insights are available about working effectively with low SES pops.? How to counteract T.I. advertising and promos within the context of poverty, food insufficiency, unemployment and underemployment, and hopelessness.

38. Better understanding of low ses culture. The culture of poverty is different from the culture of race - and crosses all racial lines.

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17. Please identify any Priority Population resources that might be useful to share with other TCS grantees.

1. I think highlighting activities that have shown to be successful with any promotional materials would be great. Also, understanding what barriers have been identified and how those barriers were addressed and or overcome by others.
2. All priority population resources developed by our organization are available in the TECC catalog.
3. n/a
4. N/A
5. N/A.
6. Local key contacts--If you have a list or can help make a connection
7. Hispanic Network Clinic Ole' Queen of the Valley Hospital Outreach Department St. Helena Women's Center
8. Hispanic/Latino Tobacco Education Partnership and Helpline joint new Spanish language gold card or gift card
9. n/a at this time
10. unknown
11. Not in my possession. They are provided and were provided by RESPECT and the CA LGBT Tobacco Education Partnership at our training.
12. Radio Ad. Health Conferences
13. Collaboration is the key!
14. I was hoping you could identify these resources for our program!
15. Unknown
16. Translated information.
17. The United Nations Environmental Program Finance Initiative is producing a lot of the "intellectual capital" serving to buttress anti-tobacco financial advocacy and divestment actions.
18. n/a
19. None to reference at this time.
20. n/a
21. None
22. San Francisco Tobacco Free Project health educators have developed a Community Action Model (CAM) training curriculum and a manual on "How To Adapt the CAM Model to Your Project", manual. They were invited to present this model at an October 2003 CDC forum on "Addressing the Social Determinants of

Health Disparities: Learning from Doing." Subsequently an article describing the model was published in the April 2005 issue of the American Journal of Public Health, titled "The Community Action Model: A Community-Driven Model Designed to Address Disparities in Health." The CAM training curriculum is available in English, Spanish and Chinese at the following website: <http://sftfc.globalink.org/adaptCAM-CH.htm>. The "Adapting the CAM model to your Project manual" is available in English, Spanish and Chinese at: <http://sftfc.globalink.org/adaptCAM-CH.htm>. The San Francisco Tobacco Free Project also translated into Chinese the booklet it developed titled "Second hand smoke and Your Home" which was adapted for statewide use and produced by TECC as "Second hand smoke in apartments, condominiums and townhouses" in English and Spanish.

23. At this time we do not have any resources to share with other TCS grantees.

24. NA

25. None at this time.

26. Bob Gordon, Theresa Boschert, Dian Kaiser

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7. What would help your program better address the tobacco control/education needs of specific priority populations?

1. Having awareness of Best Practices applied in said priority populations groups. Also, strong network of agencies working with priority populations.
2. Specific information about the populations: size; prevalence of tobacco use; norms and values associated with tobacco use and other health behaviors; the range of literacy and health literacy; moderating demographics such as sex, education, and household income; etc. It is particularly important that we get a sense of the diversity within each population. And if there are "communities" within the population, it is important for us to appreciate what life is like both for community members and for those who belong to the population but do not necessarily identify with the community (e.g., urban American Indians who may not be closely affiliated with a tribe).
3. More information and resources regarding the Hmong community and the Americanized Hmong community. More pamphlets, posters and audio announcements translated into languages other than English and Spanish.
4. More information on sovereignty re tribal populations. Re Low SES, we want to know more about the housing needs of this population so we can help with policies for smokefree housing.
5. Additional state wide trainings on social marketing to these target populations, building community networks, and media.
6. State assistance in making connections at a higher level so that better buy-in can be obtained. Specific technical assistance on overcoming barriers.
7. A comprehensive listing of LGBT specific materials that already exist for this PP. Also, an ongoing email, conf. call or similar activities with our PPP to keep communication line open about current LGBT Objectives, LGBT community news, issues, etc. that might impact TC.
8. materials that can be picked up and used locally, teleconference or video conference trainings, for next Workplan - more sample objectives tailored for various populations
9. More educational materials developed specifically for target populations.
10. more resources/materials on cessation; culturally and linguistically approp. curriculum and info.
11. Funding for school children that includes take home messages in Spanish. Access to information that is out there already. more information in media in Spanish Easy to read information in Spanish
12. Materials
13. Key contacts within these communities in our county
14. Evaluation of the specific needs of the Latino population in Napa County.
15. Coordination/ Collaboration with appropriate ethnic networks.
16. More moneys for advocacy campaigns that utilize direct populations in moving forward tobacco control messages
17. Perhaps cessation advertising or cessation outreach towards LSES or Hispanic.

18. Cessation info., resources, services specific to populations.
19. Contact with people who are respected in the community. Have presentations for local groups by priority population groups
20. more staff
21. We would need a venue in which to educate groups of people with low SES status.
22. Scope of Work Objectives that incorporate providing education through health clinics that serve Low SES populations.
23. Simple materials in Spanish for low literacy Hispanic residents
24. Ability to have access to up-to-date statistics on smoking and the Hispanic/Latino population in California. Effective strategies for smoking cessation in this population. Identification of new educational materials related to cessation and SHS.
25. More Training
26. Funding the priority populations as though they are a priority. The AATEP isn't receiving funding as much as the others are. There was a RFP that came out 2005 asking for out of the box thinking, while TCS funded the same old thinking projects as it has since the beginning of TCS. If you really want to know how to help, then you need to fund programs that can address the current issues these populations are facing, like why California Black males have the highest cancer death rate while they smoke less.
27. It would be helpful to know the approach to use to get the issue attention among the leaders. For example, for Af. Am. population, is it more relevant to discuss youth smoking or the history of oppression by the tobacco industry? The same question probably applies to Hispanics and Filipinos.
28. Collaborating with other priority population-based services, i.e., clinics, educational centers.
29. More money
30. More information that is already translated and with English script as well as Spanish.
31. Resources that are geared toward that population. Smoker help line for LGBT. etc.
32. Besides additional dollars, I find that moving reporting online is a great step toward increasing efficiency..
33. How to address and work with tribal councils. Information about traditional use vs commercial abuse
34. Training for support staff to program around sensitivity issues for other ethnicities and low income populations.
35. How to address the young males who come to this county to work in the agriculture business. Outreach ideas and information to this group.
36. Specific information on how tobacco use is viewed within the culture. Guidance on appropriate messages.
37. Resource kits with quick information on cultural characteristics or patterns related to family dynamics, communication boundaries and practices, and culture-specific lingo.
38. Educational materials and aids that are culturally competent in that they address the particular needs of the Priority Population in its own language.
39. Lack of responsiveness to invitations to collaborate, incompleting e-mail requests, no follow-through, etc.
40. Training on the tobacco use patterns in the aforementioned populations. Additional training on effective strategies for addressing the target populations.
41. We fund several community based organizations that represent the priority populations (with the exception of American Indians, which comprise half of one percent of our population. These organizations are all community based working with the priority populations directly, some very grass roots. They are funded to implement the community capacity building process which involves the agencies identifying tobacco issues that are relevant for their communities and conducting participatory action research to come up with their actions to create environmental/policy change. So since we provide this opportunity for community driven grassroots policy development projects with funding, training and technical assistance, we do not really have much in the way of needs for training or technical assistance.
42. Techniques on how to better address the specific priority population on tobacco education.

- 43. More language specific education materials (video/DVD and flyers) will help.
- 44. Culturally appropriate materials in Spanish. Have website with more current up to date information (RESPECT has an excellent website) with information that can be use.
- 45. Language barriers, trust of the target group, respect of cultural differences
- 46. Successful strategies to engage the African American population. We have already tried working through churches to offer cessation -fairly unsuccessfully. The LGBT is a new population for us to reach out to and it is a fairly disparate population. So outreach is where we are at currently and strategies would be great!
- 47. Cultural research--better understanding of mindset of communities, cultures, and beliefs as related to tobacco. International efforts tied to local interests (what is going on in their own home countries that should make them more concerned about the TI)
- 48. Ways to establish relationships with community members. This is especially difficult with the LGBT community and with the "redneck rodeo good old boys."
- 49. Connections to the groups, coalition members or other individuals who represent the group and work with them. Too many of our contacts are members of a particular population but are not "representing" that population. For example, we have two African Americans on our colation but they both work with and represent youth groups that are primarily Latino - they do not represent African Americans in the community and do not work to meet their needs.
- 50. Materials that are language specific.

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8. Please identify barriers that you've encountered in trying to work more closely with one or more priority population. Please specify the population you are referring to:

1. Mobilizing individuals within the Low Socio Economic population without labling them and as a result potentially offending.
2. Our organization has had good success in reaching out to most of the priority populations, as demonstrated by the racial and economic diversity of program participants. We would like the % of participants who are AAPI or AI to be higher. In general, collaboration between our organization and the PPP's has been fairly strong. A disagreement with the LGBT partnership over the value and importance of asking all program participants their sexual orientation essentially stalled all collaboration on outreach.
3. It is difficult to gauge the need of tobacco cessation in this community.
4. For the LBGT population there has been a resistance to getting this populaiton to work closely with us in Orange County even in the form of focus groups. Bob Gordon of the state project has been very helpful and supportive.
5. Asian and Hispanic populations generally do not call in complaints about businesses not complying with smokefree workplace laws, so it is more difficult to obtain cooperation of businesses. If Priority population agencies are not funded with tobacco control money, they have other priorities to attend to.
6. Because we are the LGBT resource in Santa Cruz County we don't have a "barrier" literally to our PP, rather there are challenges in that the LGBT community is so multi-cultural. LGBT people are also Latino/a, Native American, etc. of all the Priority Populations. Challenges stem from the fact that there is no one religious or family unit point of view to consider for example.
7. Hispanic-Latino - low interest Low SES - need materials , training
8. None at this time. The Hispanic/Latino Network has been very helpful.
9. competing priorities (Latinos, esp. low SES)
10. Not responsive Gaining trust No material to use, have to create Information
11. Language - Mexican farm workers. We now have Spanish speaking staff so that will help. Dangerous environment - Low socioeconomic status group - mean dogs, drugs, crime.
12. Lack of trained cessation professional who speak Spanish was a challenge in implementing a Spanish cessation program.
13. Working hours. Mexican "machismo". Men feeling that they are stronger than any issue and nothing will affect them. Gender roles. Latino population
14. Staff is not of the same ethnicity as targeted population making it difficult to gain acceptance with the group.
15. Hispanic - have pretty good relationship. In some groups, language can be a barrier; but we have interpreters. We don't have objectives directly targeting Hispanic pop; but do have activities within objectives. Low SES - some resistance with the population we are contacting (usually those with CPS related needs; substance abuse; or public assistance). They many times they have more urgent issues, but we do have success. Education is so important esp. with secondhand smoke in cars & homes.

16. Geography -Latino population, Tulelake area
17. Rural Location Low demographic diversity in our area Knowing the right people in the community
18. Lack of staff due to decrease in TCS budget allocations overall
19. We haven't had to work very closely with any priority populations at this point in our SOW. However, we are trying to contact priority population groups such as PFLAG to provide education and information on what our program is working on and can provide them with.
20. Would like to hold cessation classes or present materials in Spanish through the schools, etc, but do not have materials.
21. In our current grant...recruiting enough Spanish speaking Hispanic/Latino smokers to participate in our smoking cessation programs.
22. None
23. Funding-Funding and funding!
24. Can a white woman be an effective spokesperson? If yes, what factors make her acceptable among members of the priority population?
25. In regard to Native American population, it has been somewhat difficult to establish a strong collaboration with existing services. In addition, it has been difficult to get a representative from this group onto our community coalition.
26. None. We have not worked closely with one or more priority population.
27. We have limited access to Spanish Translation, the workforce that does it for us is already used for other programs and there are limitations to their time.
28. Identifying the necessary supplementary resources to reach out to a very diverse labor/union world is a very real barrier.
29. County is predominantly white and staff lack experience working with other ethnicities. We have a small but increasing Latino population. In addition, I have not observed a comfort level working in lowest income towns.
30. Mexican. - language is a huge barrier. No one on staff speaks spanish nor do we have materials that target this population. One - It isn't a work plan objective and our workplan is pretty aggressive so there is no additional time to pursue this area.
31. Hispanic/Latinos: Language and cultural issues. Immigration status. Interest among providers in cessation programs, but limited training opportunities for them.
32. American Indian has a local group that handles most tobacco use needs and does not always need our help.
33. (a) Lack of trained outreach workers who speak the language and know the culture; (b) Lack of health education materials written in the language and on an appropriate reading level (7th grade or lower).
34. In 2004-2005, when we requested materials and collaboration from the AATEP around getting copies of the mock Kool campaign posters and in relation to our LLA- Mixed Messages program, the AA-TEP was not responsive. Likewise, they were not available to speak at our UC Berkeley class, Talkin' Tobacco this spring semester. Despite several requests and much date flexibility, the AI TEP was not available to speak at our UC Berkeley class, Talkin' Tobacco.
35. There hidden populations that are service workers in our North Lake Tahoe regions. It is difficult to determine the proper venue or strategy to target these populations. We are also seeing new populations of Hispanic populations coming into our western portion of our county. Some are from the SF bay area
36. More multi lingual materials would be helpful. We have translated a lot of materials into Spanish and Chinese that we provide at trainings for funded community capacity building projects so that their advocates that don't speak English can fully participate. We have also provided simultaneous translations during the trainings.
37. Hispanic/Latino: This priority population is sometimes difficult to work with because of their culture. They are used to keeping things to themselves and not getting help from outside their circle.

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10. Please specify TAT needs for African American populations.

1. Occasional training of tobacco cessation counselors on AA issues. Increased collaboration on joint outreach activities.
2. N/A
3. Our AA population is very small, and scattered throughout Orange County. They are difficult to find in any numbers, other than some churches.
4. we have very few AA community members
5. N/A
6. List of leaders, contacts.
7. We currently ask the AA partnership when we have needs.
8. None
9. DNA
10. we work with African Americans only as one in the partnership
11. Not too much need. Very low population in this rural area...some growth but very slowly.
12. Cessation
13. LLA staff trained in cessation besides myself as Project Director who does not have time anymore
14. First we need to have a forum to reach this population and then we need assistance in educating them about how they are targeted and preyed upon by Big Tobacco.
15. N/A
16. N/A
17. Same as above
18. Materials that speak to the relevance of local tobacco control activities to combat the transnational tobacco industry (and its oppression of priority populations in other countries, such as Malawi, etc.)
19. None
20. N/A
21. None.
22. n/a
23. - how to educate African Americans about the dangers of menthol cigarettes that are targeted particularly at black residents; - how to educate African-American mothers who live with a smoker in the household about the dangers that secondhand smoke poses to the child; and, - how to address the disproportionate rate of lung cancer in blacks and the role of tobacco use and exposure to secondhand smoke play in that

statistic.

24. see #9

25. None

26. None at this time.


27. How to address their needs.

28. Best and appropriate methodologies, techniques, and strategies to educate African american populations on tobacco related issues and health in general.

29. Training or Teleconference

30. Coalition recruitment Cessation promotion - adults and youth Advertising exploitation by the tobacco industry

31. Because of the Police/Community Partnership in Southwest Fresno, we have an entry point into that community.

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11. Please specify TAT needs for American Indian populations:

1. Occasional training of tobacco cessation counselors on AI issues. Increased collaboration on joint outreach activities.
2. N/A
3. we have 2 TCS-funded AI projects in our county that meet the needs of the AI population
4. N/A
5. None
6. None at this time
7. None
8. **How to work with tribal casino leaders and management.
9. Partnering with AITEN would help. Trainings provided by AITEN would also be beneficial.
10. we would like more TA on indigenous population of Latino origin or mixed American Indian and Latino populations
11. There is a need. Isolation & distance to Grindstone Rancheria is a problem...but there seems to be movement towards openness from this population. We have representation from Northern Valley Indian Health Clinic on our coalition.
12. Casino issues
13. unknown
14. Same as above.
15. I have materials and great collaboration with Native American resource center.
16. N/A
17. N/A
18. None
19. None
20. We have a Casino that has a clinic, we do not receive help from the North State Partnership.
21. None.
22. See #9.
23. County has a small population of MiWuk native americans. This population tends to reside in the lowest income town that is the least served.
24. Have representation

25. N/A
26. see #9
27. None
28. None at this time.
29. How to address their needs.
30. NA
31. Training or Teleconference.
32. Coalition recruitment Cessation promotion - adults and youth Advertising exploitation by the tobacco industry Working with one casino (Pit River)that makes more money from selling cheap tobacco than from gambling.
33. I'd like to hear from some group that was successful in achieving tobacco-free casinos. How did they do it? What gave them access to the Indian community?

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12. Please specify TAT needs for Asian/Pacific Islander populations.

1. Increased collaboration on joint outreach activities, especially for the Vietnamese, Chinese, and Korean communities.
2. Working with community groups to locate outlets for advertising and increasing adult participation in the adult coalition.
3. Specific cultural knowledge to understand how we can market and interest their communities in tobacco control.
4. some basic materials re tobacco use in this population by ethnic group
5. N/A
6. List of leaders, contacts, materials.
7. We currently ask the API partnership when we have needs.
8. Evaluation of needs of this population which is slowly growing in Napa County.
9. DNA
10. none at this time
11. Not too much need at this time. We used to have high Hmong population but most have moved from the area.
12. None
13. more funding of our local API projects
14. Same as above.
15. N/A
16. Not at this time
17. N/A
18. Materials that speak to the relevance of local tobacco control activities to combat the transnational tobacco industry (and its oppression of priority populations in other countries, such as Thailand, the Philippines, etc.)
19. None
20. N/A
21. None.
22. n/a
23.
 - how to address the cultural association with tobacco use, particularly among Cambodian- and Vietnamese-American males;
 - how to educate southeast Asian mothers who live with a smoker in the

household about the dangers that secondhand smoke poses to the child; and, - how to interest more southeast Asian smokers in seeking cessation.

- 24.** see #9
- 25.** None
- 26.** None at this time.
- 27.** How to address their needs.
- 28.** Best and appropriate methodologies, techniques, and strategies to educate Asian/Pacific Islander populations on tobacco related issues and health in general.
- 29.** Training or Teleconference.
- 30.** Coalition recruitment Cessation promotion - adults and youth Advertising exploitation by the tobacco industry
- 31.** How to address tobacco industry as an evil to the community
- 32.** How to connect with and maintain the interest of API communities.

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Add Filter... Total: 55
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13. Please specify TAT needs for Hispanic/Latino populations.

1. Review and input on Spanish-language materials under development. Increased collaboration on joint outreach activities.
2. Working with community groups to locate outlets for advertising and increasing adult participation in the adult coalition.
3. How to involve these populations in our Coalition and advocacy efforts.
4. basic materials - best practices for rural counties with less than 10% HLA population
5. None at this time.
6. Info on research-validated ways to reach pop., esp. for cessation groups/services; how to link tobacco control issues with other areas, and work effectively with CBO's
7. Access to materials Create materials In spanish Put the information in places where Latinos/ Hispanic populations will be able to receive it.
8. Materials. Contact ideas.
9. None at this time--although we are currently trying to make a connection with the local Hispanic Chamber of Commerce.
10. See above
11. DNA
12. more about indigenous Latino subgroups and rural populations
13. Since our county is currently over 30% Hispanic and growing, this will be a need. In the lower elementary grades, Hispanic pop in Northern county is 50%.
14. Cessation
15. unknown
16. Same as above.
17. Low literacy materials
18. Information on effective strategies for recruiting Hispanic/Latino community members for participation in community coalitions.
19. N/A
20. N/A
21. Materials that speak to the relevance of local tobacco control activities to combat the transnational tobacco industry (and its oppression of priority populations in other countries, such as in Brazil, Mexico, U.S. border states with seasonal workers, etc.)
22. None

- 23.** More relevant information we could use for technical assistance.
- 24.** None.
- 25.** Program staff lacks language skills to work directly with this community as well as the cultural sensitivity. Comments like "they can understand" are alarming.
- 26.** ideas to out reach and engage in tobacco issues. Currently we are doing storytimes with headstart and the learning centers to start a dialogue with the mothers.
- 27.** - how to educate Hispanic/Latino mothers who live with a smoker in the household about the dangers that secondhand smoke poses to the child.
- 28.** see #9
- 29.** None at this time.
- 30.** How to break the barriers with the Hispanic/Latino population.
- 31.** Best and appropriate methodologies, techniques, and strategies to educate low socio-economic status populations on tobacco related issues and health in general.
- 32.** Providing Resources that can be use to provide information to the Hispanic/Latino population. Provide training on what has been successful in accomplishing their objectives and working with the Hispanic Latino Population.
- 33.** How to involve and recruit the target group
- 34.** Coalition recruitment Cessation promotion - adults and youth Advertising exploitation by the tobacco industry
- 35.** Hispanic/Latino populations are the ones we have worked with the most. Using anti-tobacco educational materials and presentations at Family Nights at the Movies, at community events, and at our Smoke-Free Baby Showers, we are part of this community.
- 36.** Need to know how to outreach to the population to provide smoking cessation. We can't seem to attract Latino smokers to our seemingly culturally appropriate cessation program. Once we get them there, they are successful in quitting, it's figuring out how to get them in, or where to go to get them.

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Open-Ended Results Detail

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Add Filter... Total: 55
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14. Please specify TAT needs for Labor populations.

1. Increased collaboration on joint outreach activities.
2. We have been using BUILT TA.
3. will not be addressing that population this workplan period
4. N/A
5. None
6. None at this time
7. None
8. DNA
9. Not too much union labor in this rural area, but needs are high for general labor population.
10. None
11. unknown
12. Same as above.
13. N/A
14. N/A
15. N/A
16. None
17. None
18. N/A
19. Extending tobacco control forum invitations to labor leaders so that they have a better understanding of targeted concerns. Access to lists of regional labor members.
20. Any Ideas - we are currently experiencing tremendous growth in our county. This may be an area that we want to address in our next work plan.
21. N/A
22. n/a
23. None
24. None at this time.
25. How to address their needs.
26. NA

27. Training or Teleconference.

28. There are very few active unions in this county so this is not a significant focus in our work. We have communicated with the BUILT folks already but don't have plans to address this in depth.

29. Begin research into breaking into the labor unions to be interested in this issue. Key Informant interviews with leaders, workers, employers.

30. How to connect.

Page Size:

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**Technical Assistance Legal Center
Competitive and Priority Population Grantee Survey, Fall 2006
Summary**

1. What geographic area does your project or agency serve?

	Percentage Response N=24
Statewide	25%
Countywide	54%
City/cities	62%

Countywide and city locations: Kern, Kings & Tulare Counties; San Francisco Bay Area (Oakland, Berkeley); Santa Monica and surrounding cities; Del Norte & Humboldt Counties; Yolo County; Riverside & San Bernardino Counties; Santa Clara County; Vista, Carlsbad, Oceanside & San Marcos; South Los Angeles; Alameda County; Santa Barbara, Goleta, Carpinteria; Fresno County; San Diego; Stanislaus County; Sacramento.

2. We would like to know which topics in the area of EXPOSURE TO SECONDHAND SMOKE (SHS) you are currently working on AND which topics you might need TALC's assistance with.

Topic Area	Percentage Currently Working On N=20	Percentage Needing TALC's Assistance N=20
Smoke-free INDOOR AREAS (excluding multi-unit housing, e.g., hotel lobbies, tobacco shops)	10%	5%
Smoke-free OUTDOOR RECREATIONAL AREAS (excluding multi-unit housing), e.g., beaches, parks	30%	15%
Smoke-free OUTDOOR WORKSITES (excluding multi-unit housing), e.g., outdoor dining, outdoor construction sites	30%	15%
Smoke-free OUTDOOR PUBLIC AREAS (excluding multi-unit housing), e.g., waiting lines, sidewalks	25%	15%
Smoke-free DOORWAYS (excluding multi-unit housing)	35%	20%
Smoke-free INDOOR COMMON AREAS in multi-unit housing	40%	20%
Smoke-free OUTDOOR COMMON AREAS in multi-unit housing	50%	20%
Smoke-free INDIVIDUAL UNITS in multi-unit housing	30%	30%
Declaring SHS a nuisance	10%	10%
Tools to help with enforcement of existing state or local INDOOR SHS laws	10%	10%
Tools to help with enforcement of existing state or local OUTDOOR SHS laws	15%	15%
Smoke-free tribal casinos	10%	5%
Smoke-free vehicles	5%	5%
Hookah	20%	10%

3. We would like to know which topics in the area of REDUCING THE AVAILABILITY OF TOBACCO you are currently working on AND which topics you might need TALC's assistance with.

Topic Area	Percentage Currently Working On N=8	Percentage Needing TALC's Assistance N=8
Tobacco retailer licensing	50%	50%
Prohibiting free distribution of tobacco products (sampling)	50%	50%
Tools to help increase enforcement of tobacco point of sale laws	25%	38%
Land use tools to limit the number, location, etc., of tobacco retailers	0%	13%
Regulating nontraditional tobacco products (e.g., harm reduction products)	0%	0%
Tobacco sales at pharmacies	13%	0%
Limiting the sale of tobacco look-alike products (e.g., candy cigarettes)	13%	25%

4. We would like to know which topics in the area of COUNTERING PRO-TOBACCO INFLUENCES you are currently working on AND which topics you might need TALC's assistance with.

Topic Area	Percentage Currently Working On N=10	Percentage Needing TALC's Assistance N=10
Tobacco advertising and sponsorship of events (e.g., rodeos, festivals)	60%	30%
Tobacco advertising and sponsorship at bars and clubs	20%	20%
Tobacco advertising and sponsorship at colleges	40%	50%
Tobacco use or advertising in the entertainment industry	30%	30%

5. We would like to know if you are currently working on AND might need TALC's assistance in the area of SMALL CLAIMS COURT.

Topic Area	Percentage Currently Working On N=0	Percentage Needing TALC's Assistance N=0
Using small claims court to enforce tobacco control laws	0%	0%

6. Please list any topic area(s) in tobacco control you are working on, or might need TALC's assistance with, that were NOT LISTED in questions 2-5 above.

- Merchant advertising
- Secondhand smoke specific to college campuses
- Licensing for tobacco retailers at temporary events such as fairs, fund raisers, flea markets, etc.

7. Which types of TALC resources do you think best serve you? Please rank in order of priority.

One-on-one technical assistance	Priority 1
Written materials (ordinances, fact sheets)	Priority 2
Trainings	Priority 3

8. Are there any new types of resources that TALC should provide to advocates? If so, please list.

- Spanish language easy to read fact sheets
- Information on lawsuits brought against organizations that continue to allow SHS at their outdoor events or outdoors at their worksites

9. What should TALC's written materials focus on? Please rank in order of priority.

Voluntary policies	Priority 1
Model ordinances	Priority 2
Short fact sheets	Priority 3
In-depth articles	Priority 4
Newsletter articles	Priority 5

10. Are there other types of written materials that you would suggest TALC provide? If so, please list.

- Camera –ready artwork to copy and paste
- Information for city officials about mobile vendors not being eligible for tobacco licensure

11. What is the most useful way to receive TALC publications? Please rank in order of priority.

PDF documents, via email or web site	Priority 1
Searchable web pages	Priority 2
In print, mailed	Priority 3

12. How would you prefer TALC provide its trainings? Please rank in order of priority.

In-person regional training	Priority 1
In-person statewide training	Priority 2
Smaller more focused trainings	Priority 3
Web-based trainings	Priority 4

Teleconferences	Priority 5
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13. Are there any other methods that you think TALC should consider to provide it's trainings? If so, please list.

- I think it would be great if TALC could organize a conference around legal tobacco issues for all Prop. 99-funded organizations

14. What other recommendations do you have for TALC?

- We need assistance with implementation and enforcement issues surrounding comprehensive secondhand smoke ordinances

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**CCAP Client Satisfaction Survey Summary of Results
(N=60), Response rate: 62%¹**

Key Findings

1. A total of sixty respondents (response rate of 62%) filled out the online satisfaction survey in July 2006. The satisfaction survey asked respondents to describe various strategies used for promoting second hand smoke issues, rate any technical assistance or support they might have received from CCAP from January 1st through June 30th 2006, as well as provide an honest assessment of the CCAP website.

Second hand smoke policies

2. Respondents indicated that they used a variety of strategies to promote second hand smoke issues in their agency. The most common strategy shared by agencies was adult coalition meetings/ trainings (68%), followed by educational presentations to local businesses (53%) and disseminating information packets (50%).
3. When asked to provide a list of second hand smoke policies agencies had been working on for the past six months, the highest number of policies listed was in the area of outdoor tobacco smoke in public areas (41% of policies), followed by implementation/ compliance with smoke free outdoor workplace laws (25%), and advocacy (16%). The majority of the policies were developed in the past six months, but about one-third of them had also been implemented in the past six months.

Technical assistance from CCAP

4. *Did not receive technical assistance or support from CCAP:* Just under half of the respondents indicated that they had not received any technical assistance or support from CCAP in the past six months. Three-quarters of them explained that it was because they had not required any technical assistance or support during the past six months.
5. *Received technical assistance or support from CCAP:* A slight majority of the respondents (57%) indicated that they had received technical assistance/ support from CCAP in the past six months. Half of those agencies enlisted CCAP's assistance in the area of smoke free apartments, and about one-third each requested assistance in the areas of hookah bars/ cafes and outdoor tobacco smoke in public areas.
6. Respondents were highly satisfied with the quality, timeliness, responsiveness to request and usefulness of CCAP's technical assistance or support. In all the above assessed areas, more than 90% of the respondents gave it a rating of "excellent." Overall, more than 95% of the respondents were "satisfied" or "very satisfied" with the technical assistance or support they had received from CCAP.
7. Slightly more than three-quarters of respondents (78%) agreed that the technical assistance they had received from CCAP *improved their agency's capacity to implement second hand smoke policies*. About 20% felt the assistance they received neither improved nor reduced their capacity and one respondent was not sure if the assistance had a positive, neutral or negative impact.

¹ In total, 104 email invitations were sent out for the online survey. Seven emails bounced back due to bad addresses or vacation replies.

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8. In general, respondents praised the program and staff for their level of commitment and knowledge. Some also provided suggestions for further improvements; they would like a quicker response time for emails, a clarification of the difference between RESPECT and CCAP, and an upgraded Live, Work and Play website.

CCAP Website

9. Two-thirds of the respondents have used the CCAP website in the past six months. All but one respondent expressed that the website was easy to navigate.
10. Suggestions for the website included a list-serve to keep project directors informed of new products as they come out, and adding more information and resources to the website.

RESULTS

2. Mark which of the following strategies have been utilized by your agency in your work on second hand smoke issues during the past 6 months. (*mark all that apply*)

	# Respondents	% Respondents
Adult coalition meetings/trainings	41	68.3%
Educational presentations, e.g., local businesses, chamber of commerce	32	53.3%
Information packets	30	50.0%
Media advertising, PSA's, articles	24	40.0%
<i>medium used: (selected responses, n=24)</i>		
radio	20	83.3%
local newspaper	9	37.5%
magazines	2	8.3%
cable TV	1	4.2%
<i>Other medium: 4' x6' Take It Outside posters in bus shelters, housing newsletter articles, campus newspaper ads and articles, Letters to the Editor - interview for article on smoking ban, Local Spanish-language television station, PR</i>	5	20.8%
Trainings for example: local law enforcement, community groups	22	36.7%
I&E visits with local government representatives: city council members, board of supervisors	20	33.3%
Youth coalition meetings/trainings	15	25.0%
Other:	13	21.7%
<ul style="list-style-type: none"> Community Needs Assessment Continuing Education for Medical Providers Emails Focus group with city managers Info re local ordinances in other cities Outreach and survey at county fair Received awards for voluntary smoke-free outdoor dining Sponsored Mini-grants to increase awareness 		

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<ul style="list-style-type: none"> • <i>TA regarding smoking complaints, TA to pass two SHS outdoor smoking bans</i> • <i>The past 6 months we were working a community needs assessment that addresses the tobacco control needs of Low SES</i> • <i>We have just finished a needs assessment</i> 		
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3. What SHS policies have your agency worked on and please indicate whether each policy was developed, adopted and/or implemented in the past 6 months.

In all, 36 respondents listed a total of 61 policies (mean of 1.7 policies per respondent). The policies have been categorized below:

Policy Category (n=61)	Number	Percentage
Outdoor tobacco smoke in public areas	25	41.0%
Implementation/compliance with smoke free outdoor workplace laws	15	24.6%
Advocacy	10	16.4%
Smoke free housing (includes smoke free apartments and condominiums)	9	14.8%
Hookah bars/ cafes	1	1.6%
Implementation/compliance with smoke free indoor workplace laws	1	1.6%

Outdoor tobacco smoke in public areas

- Tobacco-free city park policy
- Tobacco-free zoo policy
- Tobacco-free water park policy
- Tobacco-free sports complex policy
- Parks
- Smoke-free outdoor recreational facilities
- Outdoor parks and other locations ban
- Outdoor parks ban
- Restrictions in county parks
- Additional bans for outdoor areas
- Parks and beaches
- Smoke free public transit stops
- Smoke free public golf courses
- Smoke-free beaches
- Public playgrounds and tot-lots (in city/county government-owned parks)
- Outdoor common areas at vocational schools
- Flea market grounds
- Smoke-free parks ordinance
- Beaches and parks
- Transit system
- Outdoor rec. Areas

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- Church campuses
- Smoke free parks
- Beach
- Park

Implementation/compliance with smoke free outdoor workplace laws

- Smoke-free outdoor dining
- Outdoor dining
- Outdoor service lines
- Perimeters around entryways
- Smoke free entry ways
- S-f outdoor non dining worksites
- 20' no smoking entryways, health care providers
- Entryways
- Smoke-free outdoor workplace
- Outdoor dining, waiting lines
- Smoke-free outdoor dining
- No smoking away from the Vietnamese business main entrance
- Comprehensive tobacco ordinance that includes smoke-free outdoor dining
- Tobacco retailer licensure ordinance that prohibits smoking within 20 feet of any doorway of a tobacco retailer
- Outside eating area

Advocacy

- SHS as nuisance
- Preliminary work on policy for fairground venue
- Yuba college campus policy
- Voluntary smoke-free homes and cars
- Smoke free campus policy
- Provide and encourage Vietnamese smokers and their family to use California smoker's helpline
- Smokefree cars where kids are present
- Smokefree homes and cars-home policy
- Complete smokefree facility & grounds policy
- Smoke-free parks and trails ordinance

Smoke free housing

- Multi-unit housing
- Smokefree housing vol. Policy
- Multi-unit housing
- Smoke-free common indoor -multi-family
- Smoke-free MHU's
- Smoke-free apartments
- Smokefree housing policy
- Multi unit housing
- Drifting SHS in multi-unit housing

Hookah bars

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- Hookah bars

Implementation/compliance with smoke free indoor workplace laws

- Banning smoking in tobacco retailers

SHS Policy	n	Developed in the past 6 months?	Adopted in the past 6 months?	Implemented in the past 6 months?
Outdoor tobacco smoke in public areas	25	13 (52%)	15 (60%)	7 (28%)
Implementation/compliance with smoke free outdoor workplace laws	15	8 (53%)	4 (27%)	4 (27%)
Advocacy	10	7 (70%)	2 (20%)	3 (30%)
Smoke free housing	9	8 (89%)	0	0
Hookah bars/ cafes	1	1 (100%)	0	0
Implementation/compliance with smoke free indoor workplace laws	1	1 (100%)	1 (100%)	1 (100%)

4. Have you received any technical assistance/support from CCAP in the last 6 months (since January 1, 2006 – June 30, 2006)?

	# Respondents	% Respondents
Yes	34	56.7%
No	26	43.3%

5. For which of the following reasons did you not receive technical assistance/ support (TA/S) from CCAP in the last 6 months?

Selected responses: n=26	# Respondents	% Respondents
Our project/agency didn't need TA/S during this time	19	73.1%
It didn't occur to us to seek TA/S from CCAP	4	15.4%
Our project/agency didn't believe TA/S from CCAP would be beneficial	1	3.8%
Other: <ul style="list-style-type: none"> • I don't recall anything specific, but I do know that I can pick up the phone anytime to even get a quick answer. • New grant, will access TA in future • Not working actively on SHS • Now will need the TA/S • Project does not address SHS • Unsure of what assistance was available, how to 	6	23.1%

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access it, how it would benefit our agency and so on.		
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6. If your project/agency has received technical assistance/ support from CCAP during the past 6 months, please check in which of the following areas. (mark as many as apply)

Selected responses: n=34	# Respondents	% Respondents
Smoke free apartments	17	50.0%
Hookah bars/cafes	12	35.3%
Outdoor tobacco smoke in public areas (e.g. smoke free beaches, parks, waiting areas)	12	35.3%
Implementation/compliance with smoke free outdoor workplace laws (e.g., entryways, dining)	7	20.6%
Implementation/compliance with smoke free indoor workplace laws	6	17.6%
Smoke free condominiums	5	14.7%
California's Clean Air Award	4	11.8%
Advocacy	4	11.8%
Smoke free casinos	2	5.9%
Other: <ul style="list-style-type: none"> I remember calling and talking to CCAP a few times but am not sure what about - may have been outdoor areas at the fairgrounds Offer of training with local housing authority Redding SFH taskforce Smokefree cars Spoke to the North State Tobacco Ed Program Partnership meeting To review the draft policy Training during Smoke-Free California Where We Live, Work & Play Workshop 	7	20.6%

7. On a scale from 1 to 5, please rate the following regarding the TA/Support you received from CCAP during the past 6 months.

Selected responses, n=34	Very poor (1)	Poor (2)	Neutral (3)	Good (4)	Excellent (5)	Mean
Quality	--	--	--	--	100%	5.00
Timeliness	--	--	4.5%	--	95.5%	4.91
Responsiveness to request(s)	--	--	8.0%	--	92.0%	4.84
Usefulness	--	--	3.8%	--	96.2%	4.92

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8. On a scale from 1 to 5, please rate your overall satisfaction with the TA you have received from CCAP during the past 6 months.

Selected responses, n=32	# Respondents	% Respondents
Very unsatisfied (1)	--	--
Unsatisfied (2)	1	3.1%
Neutral (3)	--	--
Satisfied (4)	8	25.0%
Very satisfied (5)	23	71.9%
Mean	4.66	

9. What affect has CCAP's technical assistance/ support had on your agency's capacity to implement second hand smoke policies?

Selected responses, n=32	# Respondents	% Respondents
Improved our capacity	25	78.1%
Neither improved or reduced our capacity	6	18.8%
Reduced our capacity	0	0
Don't know	1	3.1%

10. What other comments or suggestions do you have regarding CCAP technical assistance/ support?

Praise for staff and program

- CCAP has been most helpful and they respond in a timely manner.
- CCAP staff are very knowledgeable and provide expert technical assistance. They are always willing to help and do so in a timely manner.
- CCAP's technical has always been outstanding, practical, and timely. Staff are extremely knowledgeable, professional, and have always been the first agency that I turn to over the years. Keep up your outstanding work.
- Dian Kiser kindly sent survey instruments and directed me to specific website sections.
- Great, keep it up!
- Staff are eager to assist!
- Staff is very knowledgeable have great ideas.
- Support from CCAP is very helpful, especially to smaller counties with a limited number of staff.
- Thanks for all your support and keep up the good work.
- The handouts provided by CCAP are very helpful. Thank you.
- Very pleased with the work you do and the assistance that you provide.

Assistance with media presentations

- As I said on the casino survey, I could use a good, current PowerPoint on secondhand smoke with Surgeon General and CARB finding updates that could be used to educate groups - with an emphasis on outdoor restrictions including 100% smoke-free and designated areas as a fall-back.

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Suggestions for improvement

- I am still awaiting feedback from CCAP re: the analysis of several hookah tobacco samples that were submitted. Response to an email about this sent recently has not even been forthcoming. I think that the amount of surveillance that we have had from CCAP is a bit more than usual and somewhat time consuming. Hopefully, the data base of laws will allow CCAP to provide more direct T.A. to other local programs and decrease the amount of requests that locals receive for this information.
- I do get confused between who and what is the difference between CCAP and RESPECT - in terms of secondhand smoke issues. Maybe it could be clarified. Or maybe it's just me.
- The Live, Work and Play website needs to be upgraded in terms of content, and updated on a more regular basis, especially now that it will be available to non-PARTNERS users. We are developing a Smoke-Free San Diego website that will focus on local information and complement the statewide website. We had a focus group with city managers that provided helpful feedback on the kind of info they would like to have.

General comments

- Helps provide a statewide perspective on the work we do.
- Knowing that CCAP is available is extremely helpful in our efforts to ensure that secondhand smoke policies are complied to, and further work on adoption of new policies is continued.
- Most of the TA/support received from CCAP has been through the various trainings/conferences where staff has presented.
- The policies that we are promoting currently (entryways, housing) are at the voluntary level...In the next 3-year scope of work, we will be moving towards formal ordinance work.

11. Has your agency used the CCAP website?

N=59	# Respondents	% Respondents
Yes	39	66.1%
No	20	33.9%

12a. If yes, did you find the website easy to navigate?

Selected responses, n=39	# Respondents	% Respondents
Yes	38	97.4%
No, please explain: <ul style="list-style-type: none"> • The areas to click to go to pages are not obvious. Needed to search and wander to locate items. 	1	2.6%

12b. What suggestions do you have to improve the CCAP website?

Keep project directors informed of new products

- I just visited it again and I really like your fact sheets - is Respect part of CCAP now? I see some products similar to what BREATH used to offer which is great -I really miss BREATH's website, I used it a lot. One suggestion, when you have new products maybe you could email project directors - we get busy and can't spend a lot of time web-surfing unless we know what we're looking for.
- Post new information as it comes out regarding smoke-free housing.

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Add more information

- Add more links and resources
- More info could be posted then we wouldn't have to bother staff.
- The list of local legislations will be great.
- Please include more apartment manager survey instruments and templates of letters to apartment managers.

General comments

- Cannot recall and this survey would have to be specific to that. I suggest a more focused sample to get feedback on this type of issue.
- It looks great. And easy to navigate. I used to have breath on my 'favorites'; this is the new place to go. Glad I have it on my 'favorites' now for easy reference.
- As we move forward with our local website, I'd like to share ideas with CCAP.

13. Please list any other comments you would like to add.

Concern and Suggestion

- I'm concerned about CCAP trying to pressure tribes on casinos. I'm concerned that we may have to deal, on a local level, with the fallout from a power struggle that ends up badly. This could set us back for a long time. What is the strategy?
- Please upload any material, ordinances, etc. from around the U.S. as it comes up. This will help in our advocacy efforts.

Appreciation and praise

- I have enjoyed your presentations at several trainings.
- It's a pleasure working with all of you!
- Keep up the good work!
- Thank You
- Thank you for your cooperative efforts and willingness to assist!
- Thanks, keep up the good work!
- We are just starting a Priority Pop. project, and will be working on SF policies for outdoor rec. areas; we anticipate utilizing CCAP as a resource during the coming months!
- We will be using your website and services this month.
- With new staff and an upcoming Advisory Board meeting, we are at the beginning stages of grant implementation and look forward to calling upon CCAP for assistance in the next two years. Thank you!

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CCAP Evaluation
Needs Assessment Results
(N=103 responses)

Key Findings

1. One hundred and three respondents filled out the online survey between March and April 2006.

Breath

2. Eighty-seven percent of respondents indicated they had worked with BREATH. Most of them (54%) worked with BREATH in the area of implementation/ compliance with smoke free indoor workplace laws, followed by implementation/ compliance with smoke free outdoor workplace laws (45%), and outdoor tobacco smoke in public areas (44%).
3. Of the 85 respondents (83%) who used the BREATH website, all except three (97%) replied that they found the website easy to navigate.
4. Of the 47 respondents (46%) who used SHS services from BREATH, they appeared to be extremely satisfied with the services, giving it an average rating of 6.49 out of 7.
5. Respondents would like to see the BREATH website contain more listings/ information on cities, counties and communities which have passed new SHS policies.

SOW Objectives/activities

6. Over half (55%) of the participants reported having SOW objectives/activities for **outdoor tobacco smoke in public areas**. The next most common objectives/activities identified were **implementation/compliance with smoke-free outdoor workplace laws** (32%), **smoke free apartments** (31%), and **other areas** (31%). Finally, **implementation/compliance with smoke free indoor workplace laws** and **advocacy** were identified as being in the SOW objectives/activities of one-quarter of the participants each.
7. Respondents were asked to rate the amount of energy (in terms of time and resources) they spent on a list of ten topic areas. The highest rated topic on which respondents spent the most energy on was "smoke free apartments," followed by "outdoor tobacco smoke in public areas" and "advocacy." Little energy was expended in smoke free condominiums, hookah bars, and active military.
8. When asked which training and technical assistance delivery methods would be most helpful to their program, many responded that they do not need any additional training or technical assistance, particularly in the areas of smoke free casinos and active military. If they did want additional training, participants tended to prefer educational materials and regional trainings or workshops. Very few indicated preferences for one-on-one meetings and phone calls.
9. When asked about the types of SHS policies they had adopted or were working on, most participants indicated not working on policies at all in each of the areas. One-quarter (26%) of the respondents stated that their county had passed a mandatory ordinance on

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SHS for parks. About one quarter responded that voluntary policies have been adopted for doorways of privately owned buildings, fairgrounds and college campus buildings beyond 20 feet.

RESULTS

2. What category of TCS funding does your program receive? (n=103)

	Number	Percentage
Competitive Grantee	28	27.2
Local Lead Agency	59	57.3
Other: Both, CXPP planning grantee, LLA and Competitive Grantee, Priority Populations (9), Statewide Grantee (3), Sub-contractor	16	15.5

3. Has your agency worked with BREATH? If yes, please check all areas that apply. (n=103)

	Number	Percentage
Never worked with BREATH	13	12.6
Smoke free apartments	40	38.8
Smoke free condominiums	13	12.6
Smoke free casinos	11	10.7
Hookah bars/ cafes	27	26.2
Implementation/compliance with smoke free outdoor workplace laws (e.g. entryways, dining)	46	44.7
Outdoor tobacco smoke in public areas (e.g. smoke free beaches, parks, waiting areas)	45	43.7
Implementation/compliance with smoke free indoor workplace laws	56	54.4
SHS research	37	35.9
Advocacy	34	33.0
Other	15	14.6

Other areas:

- Collaborated with appeal grant
- Collaboration & speaking at conferences, training
- Consulted with them for information and trainings, but not worked directly on a project
- Golden lung awards
- I have been here 20 months and we have only asked for resource information during that time.
- Information
- Legal research
- Not directly, but worked on coalitions together
- Received golden lung award in 2002-2003
- Received input from breath on written materials.
- Smoke free bars
- Smoke free healthcare campuses

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- Tobacco-free pharmacy resolution
- Trainings for pc308(a) compliance
- Voluntary smoke free entryway (indoor/outdoor) policies

4a. Has your agency ever used the BREATH website? (n=102)

	Number	Percentage
Yes	85	83.3
No	17	16.7

4b. If yes, did you find the website easy to navigate?
(Selected responses, Q4a = "Yes", n=85)

	Number	Percentage
Yes	82	96.5
No	0	0
Other:	3	3.5
<ul style="list-style-type: none"> • Easy to navigate, but unable to get printer friendly version of materials on web pages (we had to cut and paste, and then lost some of the graphics, references.) • It has been a while. • Not sure 		

5. Please describe any areas you want to see addressed on the new CCAP website.

Statistics and research

- Current stats on harms of SHS Lists of Smoke-Free Housing, Lists of Smoke-Free Patio Ordinances(cities), Lists of Smoke-Free Beaches, Lists of Smoke-Free Venues such as Zoos, Disneyland etc. Samples of SHS ordinances for any of above. Samples of effective SHS strategies/work plans Links to other SHS sites
- Fact sheets on outdoor smoking concerns Tip sheets on working with landlords
- Great to have lists of other cities/counties with various SHS laws. Would love ready to print articles on SHS in multi-unit housing and outdoor smoking issues.
- Is there something about the impact that tobacco has in contributing to PH inequities? Esp. vis-a-vis different ethnic groups?
- Journal articles (or links) on outdoor tobacco smoke as well as user friendly citations from the same
- More specific categories of smoke free areas
- Need a really good list of cities/jurisdictions with tobacco-free (or smoke-free) parks, another list for beaches.
- Problem areas: list some successes and strategies which have worked to address them. Repository of most current SHS research and helpful materials to assist with CCAP priorities. Updated listings of recreational areas and workplaces (hospitals, corporations, etc) with smoke free policies.
- Rating system of usability and readability for SHS brochures that are available, from ALA, ACS, and those found in TECC to commercial pamphlet makers like Channing Bete and others.

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- Tools/resources for working with low SES populations, List of agencies (non-tobacco) who typically work with low SES (potential partners)
- Up to date information on cities, counties, states that have passed new policies in the SHS arena. Even other countries would be nice to have, as all this information helps support our efforts. Latest data and appropriate links on the negative health impact of SHS would be helpful.
- Update data/resources.
- Updated listings on number of communities that have passed local ordinances, separated out by category...youth access/secondhand smoke/countering CPTI
- Would like to have access to up-to-date lists of communities that have enacted various types of SHS laws, by location (e.g. beaches, parks, entryways, dining, etc.) Would like to have access to resources (e.g. supporting editorials, op ed pieces, letters from elected officials, letters from regulatory agencies, court decisions) that could be down-loaded as additional ammunition for local efforts.

Outdoor areas

- Anything to do with outdoor areas because that's where we're going.
- More implementation tools and strategies for outdoor smoking restrictions.
- Outdoor second hand smoke- beyond doorways
- Outdoor smoke issues in front of private businesses, especially entrances to indoor malls. Support with media on getting the message out to communities that secondhand smoke is very harmful, particularly to children, and is a trigger for asthma attacks and allergic reactions to children. I'm aware of one particular case where a child was going to school, and his clothes reeked of tobacco and was triggering allergic reactions by a fellow classmate.
- Update and expand materials on outdoor areas and housing issues.
- Entryway policies for private facilities/businesses
- Fairs, Rodeos, Water Parks
- More information and possible pamphlets on Tobacco Litter in 'tot' areas. Some hard information to cite regarding cigarettes and poison center statistics with children (inside and outside)
- We are currently working with smoke free playgrounds and tot lots in public parks. This is an ambitious project and I would like to see Best Practices where this effort has proven successful.
- Outdoor dining, entryway policies, sample policies considered very comprehensive, policies to close the loopholes in LC6404.5, assessment tools, radio and print SHS materials
- Smoke free areas in the state. Parks, apartments with addresses and pictures. What different cities are doing regarding SHS.

Housing

- Smoke-free apartments
- Smoke-free apartments
- Smoke free apartments, Smoke free Condominiums

Legal and policy issues

- I would like to see any lawsuit cases against apartment managers/owners due to drifting tobacco smoke. More information on how to work with property management companies.
- Policy development for nonprofit agencies related to secondhand smoke that work with clients and visitors for residential and out patient substance abuse/mental health services.

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Also there is a need for how to deal with compliance issues if there are restricted smoking areas/designated smoking areas.

- Sample policies for indoor/outdoor smoke-free policies Resources (or links to) available for working on SHS issues at vocational/technical school, multi-unit housing venues, and flea markets
- Sample policies, ordinances, resolutions, etc. Information about outdoor areas that have gone smoke-free. Legislative updates (regarding SHS policies). Information on Hookah and local places where hookah is smoked.

Partnerships

- Also, info on partnering with others in the arena (e.g. environmental groups and beach policies, etc.)
- Links with all those in California working on smoke-free apartments and housing

Hookah bars

- Entire page on hookah & SHS
- Information and fact sheets, brochures on hookah, not enforcement issues, but educational materials.
- Hookah Bars
- Hookah materials would be good to have.

Website capability

- Downloadable resources that are easy to print/reproduce.

No change needed

- At this time the website is fine as is.
- So far, any area that I was looking for I have been able to gain very good information. We are awaiting the news of Phase II acceptance, in which we will be addressing the need of SHS drifting between units in multi-unit housing complexes and SHS in outdoor common places. Much of the research we have acquired has been through BREATH and links available through this organization's website.

Others

- Cigarette Smoking
- Smoke free Healthcare Campuses (I have collected a lot of materials, and have forwarded these to Dian Kaiser if you'd like to see.) We get ordinance related materials from TALC.
- Suggest you look at the TALC website. I like they way they make materials available through their website.
- Training opportunities? Do you provide training on secondhand smoke?
- Working with Cultural competency in American Indian Casinos

6. Does your agency currently have SOW objectives and/or activities that include SHS issues? If yes, check all that apply.

	Number	Percentage
No SHS objectives/activities	6	5.8
Smoke free apartments	32	31.1
Smoke free condominiums	13	12.6
Smoke free casinos	5	4.9
Hookah bars/cafes	11	10.7

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	Number	Percentage
Implementation/compliance with smoke free outdoor workplace laws (e.g. entryways, outdoor dining)	33	32.0
Outdoor tobacco smoke in public areas (e.g. smoke free beaches, parks, waiting areas)	57	55.3
Implementation/compliance with smoke free indoor workplace laws	26	25.2
Active military	1	1.0
SHS research	12	11.7
Advocacy	26	25.2
Other	32	31.1

Other areas:

- AA/Black smoke free church events and grounds
- Adoption of smoke-free policies by faith-based communities
- Children and SHS/smoke free nursing homes
- Closing gaps of labor code 6404.5
- College campuses
- College campuses, community venues
- Compliance with smoke-free bar laws
- Compliance/monitoring of smoke-free construction sites
- May work with environmental group on project with CHP to warn drivers who throw cigarette butts out their car windows.
- Needs assessment grant
- Outdoor non-dining worksites
- Outdoor shopping areas
- Outdoor smoke free event policies
- Parent education programs
- Policy for 20' from door/designated smoking area around facilities along with compliance issues
- Priority pop planning grant, reviewing SHS indicators, will be working on SHS home or policy if funded for phase II
- See comments for non-sow SHS activities
- Smoke-free cars/home
- Smoke-free colleges
- Smoke-free outdoor workplaces (packing houses)
- Smoke free car
- Smoke free faith based organizations' grounds and events
- Smoke free community college campus policy
- Smoke free entryways ordinance recently passed for city of Stockton
- Take it outside –smoke free home and car policies
- Tobacco-free college campuses
- Tobacco litter in parks
- Voluntary adoption of smoke free homes and cars policy
- Volunteer smoke free entryways policy
- We deal with SHS issues that aren't in our work plan: casinos, complaints on both outdoor and indoor smoke, Hookah bar issue, and now we are part of smoke free housing task force.
- Will be doing community assessment, will include SHS assessment.

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- Working with Hispanic/Latino population

7. If you currently work on SHS issues, please rank them by the amount of resources (including time and energy) (highest to lowest) you spend working on them. "1" being the topic with which you spend the MOST amount of resources; "11" being the topic with which you spend the LEAST amount of resources. Use N/A if you don't spend any resources working with the topic.

	Number who responded	# who ranked "1-most energy"	# who ranked "2"	# who ranked "3"
Smoke free apartments	14	12	--	--
Smoke free condominiums	4	2	--	--
Smoke free casinos	10	2	--	--
Hookah bars/cafes	2	--	--	--
Implementation/compliance with smoke free outdoor workplace laws (e.g. entryways, outdoor dining)	45	--	9	9
Outdoor tobacco smoke in public areas (e.g. smoke free beaches, parks, waiting areas)	49	--	13	7
Implementation/compliance with smoke free indoor workplace laws	43	--	8	2
Active military	2	--	--	--
SHS research	38	--	4	4
Advocacy	45	--	4	13
Other	8	8	--	--

Other:

- Amount of resource spent on each area varies--last year, very intense on casino, this period very intense on smoke free healthcare campuses.
- College campuses - note: we are spending a lot of time right now on parks and beaches though they are not in our work plan
- Community colleges, community venues
- Construction sites (especially schools that get TUPE funding)
- No smoking on hospital campuses
- Outdoor non-dining worksites
- Parent education programs
- SHS in general re: multi-unit housing
- Smoke- free cars
- Smoke-Free Colleges
- Smoke-free outdoor workplaces (packing houses) and availability of tobacco
- Smoke free cars
- Smoke free faith based organizations' grounds and events
- Smoking Cessation Programs
- Specifically with Hispanic/Latinos
- Take It Outside Campaign
- Tobacco litter in parks
- Tobacco retail licensing

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- Volunteer Smoke Free Entryway (Indoor/Outdoor) Policies, Health Care Providers
- Walden House Tobacco Advisory Group and the development of agency policy

8. Please check training and technical assistance delivery methods which would be most helpful to your program

	n	Educational materials	One-on-one in person meetings	One-on-one telephone calls	Regional/local trainings and workshops	Statewide trainings and workshops	Group teleconferences	Web based training	Web based bulletin board	No additional trainings needed
Smoke free apartments	84	21.4%	--	2.4%	22.6%	14.3%	9.5%	3.6%	3.6%	22.6%
Smoke free condominiums	73	24.7%	--	1.4%	17.8%	9.6%	9.6%	4.1%	2.7%	30.1%
Smoke free casinos	71	21.1%	--	--	9.9%	1.4%	12.7%	2.8%	4.2%	47.9%
Hookah bars/cafes	75	16.0%	--	2.7%	13.3%	8.0%	14.7%	1.3%	6.7%	37.3%
Implementation/comp liance with smoke free outdoor workplace laws	78	24.4%	3.8%	5.1%	12.8%	6.4%	14.1%	7.7%	5.1%	20.5%
Outdoor tobacco smoke in public areas	88	27.3%	2.3%	4.5%	20.5%	9.1%	15.9%	6.8%	1.1%	12.5%
Implementation/comp liance with smoke free indoor workplace laws	77	18.2%	3.9%	5.2%	13.0%	2.6%	14.3%	6.5%	9.1%	27.3%
Active military	67	13.4%	--	--	6.0%	4.5%	4.5%	7.5%	9.0%	55.2%
SHS research	75	30.7%	1.3%	--	12.0%	12.0%	6.7%	5.3%	10.7%	21.3%
Advocacy	74	18.9%	1.4%	1.4%	27.0%	17.6%	9.5%	1.4%	5.4%	17.6%
Other	38	10.5%	--	2.6%	13.2%	2.6%	7.9%	5.3%	2.6%	55.3%

Other:

- Children and SHS
- Effects of secondhand smoke
- Implementing policy
- N/A only because we do not have a SHS objective in the current SOW
- Smoke free cars
- Smoke free faith based organizations' grounds and events
- Smoking cessation
- Take it outside campaign
- Tobacco litter in parks
- Would prefer multiple delivery methods - not just one choice

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9. Please check below the type of SHS policies that have been passed/adopted in your county/city. Also check if you are currently working on such a policy or ordinance.

	Voluntary policy adopted	Mandatory ordinance passed	Currently working on adoption / passage	Currently working on implementation	No responses chosen
Doorways of privately owned buildings	26.2%	5.8%	12.6%	2.9%	65.9%
Doorways of publicly owned buildings beyond 20 feet	15.5%	19.4%	4.9%	9.7%	52.4%
Parks	8.7%	26.2%	15.5%	7.8%	53.4%
Playgrounds beyond 25 feet	9.7%	14.6%	8.7%	9.7%	64.1%
Amusement Parks	4.9%	0.0%	5.8%	1.9%	87.4%
Sport stadiums	16.5%	9.7%	4.9%	1.9%	68.0%
Fairgrounds	26.2%	4.9%	7.8%	5.8%	56.3%
Zoos	10.7%	3.9%	4.9%	1.9%	78.6%
Piers	1.0%	3.9%	5.8%	1.0%	89.3%
Outdoor family/community events	20.4%	3.9%	13.6%	5.8%	61.2%
Beaches	1.9%	8.7%	9.7%	5.8%	80.6%
Outdoor dining	17.5%	7.8%	12.6%	4.9%	64.1%
Outdoor waiting lines	3.9%	4.9%	10.7%	1.9%	79.6%
Outdoor waiting areas (e.g. bus and train shelters)	2.9%	8.7%	8.7%	1.9%	78.6%
Housing-outdoor common areas	13.6%	2.9%	15.5%	2.9%	66.0%
Outdoor shopping malls	7.8%	0.0%	5.8%	1.9%	84.5%
Health facilities/clinic/hospitals	15.5%	12.6%	8.7%	5.8%	62.1%
Hotels-outdoor common areas	8.7%	1.0%	5.8%	0.0%	84.5%
Non-dining outdoor worksites (e.g. construction sites)	2.9%	1.9%	4.9%	1.9%	88.3%
Single residency occupancy hotels	2.9%	0.0%	2.9%	0.0%	94.2%
Public walkways	1.0%	0.0%	3.9%	1.0%	94.2%
College campus buildings beyond 20 feet	25.2%	7.8%	9.7%	3.9%	61.2%
Other (n=11)	1.9%	2.9%	5.8%	3.9%	NA

Other:

- Faith-based facilities
- Indoor smoke free common areas of multi unit apartments
- Multi-unit housing indoors
- Note: includes work of other agencies as well as VCC
- Policy to make foster homes smoke free
- Regulation of smoking in affordable housing
- Smoke free faith based organizations' grounds and events
- Taxis operating in Berkeley
- Tobacco retail licensing

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- Total law implementation
- Voluntary policies in apt. buildings. Working to pass ordinance in two cities.
- We are struggling to enforce 20' from government offices.
- We are working on a comprehensive SHS ordinance
- We have just one city that has already passed no smoking in outdoor dining.
- Working on adoption of smoke-free policies at vocational/technical schools and flea markets

10. Which agencies/projects have you worked with or received services from regarding SHS issues? Please check ALL that apply.

	Number	Percentage
BREATH	86	83.5
TALC	86	83.5
The Center	49	47.6
California Youth Advocacy Network (CYAN)	47	45.6
TECC	84	81.6
Smoke Free Air for Everyone (SAFE)	38	36.9
Priority Population Partnerships	40	38.8
Americans for Non-Smokers' Rights (ANR)	35	34.0
American Cancer Society	46	44.7
American Lung Association	63	61.2
American Heart Association	20	19.4
Centers for Disease Control & Prevention (CDC)	32	31.1
None of the above	0	0.0
Other	8	7.8

Other:

- Alameda county
- API partnerships
- Environmental protection agency
- LGBT partnership
- North state coalition
- Other LLAs
- Other LLAs/projects
- Respect

11. Please rate your satisfaction with the following:

	n	Mean score*
Statewide SHS services available to you	77	5.05
SHS services available to you from BREATH	47	6.49
Written materials on SHS issues available to you from BREATH	55	5.15

* Scale of 1(extremely dissatisfied) to 7 (extremely satisfied).

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12. What other comments or suggestions do you have?

Positive

- Absolutely the most helpful to me has been working with Theresa and also Dian, from BREATH, and with Randy and one other attorney from TALC. They always respond quickly, answer my questions, and suggest resources. I'm a little concerned that Theresa is no longer working in this area. The BREATH website could be improved somewhat though so I'm looking forward to that.
- BREATH has been a great resource. Please stay on cutting-edge issues.
- Breath has been extremely helpful in providing SHS assistance especially with AB 13 issues.
- BREATH has been...well.... like a breath of fresh air for us and our state!
- BREATH has done a great job and it has been a pleasure to work with the staff. Now that the SHS issue has moved beyond indoor workplaces, more resources are needed to address the issue in a variety of contexts.
- Breath is an excellent organization and is extremely helpful as a resource.
- BREATH's Golden Lung Award process got the ball rolling in San Diego. Presenting cities with awards and others not at the Council of Governments meeting (SANDAG) got city leadership into a competitive mode to enforce existing tobacco control laws. Things have (cooperation from city officials) been better since.
- Congratulations on the grant!
- I'd like BREATH to continue its unsurpassed standard of excellence, not only in meeting the needs of programs in the field but even anticipating those needs.
- It is a personal and professional pleasure working with you all!
- Keep up the great work BREATH has done
- None, we always been very happy with the assistance BREATH has provided.
- None--we have had great success in this county, and BREATH has been a wonderful resource.
- Thank you! I have been satisfied with the response I received for BREATH
- Thanks you for all the ongoing support and advice and resources.
- Very appreciative for the work that BREATH has done in the past, to pave the way for others! Keep up the great work!
- We use BREATH materials and TA constantly and couldn't have gotten as far as we have without them.

Suggestions

- BREATH/CCAP are just getting going in the parks issue, I know. Would like more support there, like good lists of ordinances adopted.
- Have more regular teleconferences
- In regard to this survey...for methods of training and status of progress in the county...it would be helpful to be able to check more than one box. There are a variety of types of training that would be beneficial.
- Materials are good but not as applicable to our project as I would like. Need more general information about smoke free areas. Our area is very tourist oriented with the target market European so business owners are unwilling to have smoke free areas - so more information on economic impact.
- Need more regional on-going support in the Central Valley, as tobacco issues are not a high priority here.

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- One suggestion: more up-to-date- lists of communities that have passed ordinances. These lists help provide information and momentum.
- Was not able to complete question 8 as I thought some venues/activities needed multiple TA delivery methods.
- We need more 'scientific' data regarding outdoor tobacco smoke.

Others

- We are working on several SHS projects, none of which are in our current scope of work. We have two cities that are in the process of passing outdoor smoking bans that cover a wide variety of areas. We have a Priority Population TCS grant that has identified drifting smoke in multi-unit housing as one of their objectives for the upcoming Phase II plan. Our county Asthma Coalition has an objective to address asthma triggers in the home and we are working on SHS in homes and particularly low-income, multi-unit housing. We could use multiple types of training and TA delivery methods for Multi-unit housing and other outdoor SHS issues. Ed Materials to give to stakeholders and policy makers, local trainings for all the folks working on the issues. Multiple methods for working with city councils to pass laws, etc.
- Have not actively sought for assistance from BREATH

TECC Priority Population Needs Survey

**Tobacco Education Clearinghouse of California (TECC)
Priority Populations Educational Materials Needs Survey 2006
SUMMARY (N=126 respondents)**

Introduction

The survey was developed by the Material Development team to assess material needs for priority populations. It was approved by TCS/CHS in September 2006 and distributed at the Priority Populations Conference in October. It was also posted as an online survey on Survey Monkey. The survey link was posted on PARTNERS and sent to the PARTNERS email list.

Key Findings

Demographics

- 126 individuals responded to the survey; just under half (45%) were from local lead agencies, and about one-quarter (23%) were competitive grantees.
- 40% of those responding were located in urban areas, 26% were in rural areas, 14% were suburban, and 13% were statewide.

Priority Populations

- The majority of respondents (67%) indicated that low SES populations are in need of more materials; half identified Hispanics/Latinos; and about one-quarter to one-third indicated LGBT (30%), Asian and Pacific Islanders (25% - Korean, Chinese, Vietnamese, and Hmong among others), and African Americans 22%; 21% indicated American Indians/Alaskan natives, and 22% listed other subpopulations.
- 62% indicated having Scope of Work Indicators listing one or more of the priority populations listed.

Communities of Excellence

- When asked about which Communities of Excellence Indicator(s) their objectives or activities address, the most common response was 4.1.1: Number of culturally and linguistically appropriate behavior modification-based tobacco cessation services that are available and well utilized in the community (13). Also popular were various indicators under 2.2: Reduce exposure to secondhand smoke policy indicators.

Materials

- English and Spanish materials each were the preferred languages for materials (47%, each); although, a number of other languages also were identified. Most (93%) indicated that materials should be written for low literacy audiences.

TECC Priority Population Needs Survey

- Over half (66%) of the respondents favored a brochure format for materials or an incentive item (61%). Forty-four percent liked the idea of a sign, and about one-quarter each liked using booklets (28%), toolkits (25%), or other methods (26%).
- The most popular topics for materials were secondhand smoke (80%, including multi-unit housing, effects on children, and outdoor areas) and cessation (71%, including providing information, particularly for specific priority populations). Thirty-nine percent indicated that countering pro-tobacco influences should be addressed; this included using various media approaches and targeting specific sub-populations. Finally, 29% indicated that reducing tobacco availability was an important topic to address, particularly reducing youth access and addressing retail licensing and merchant education

Additional Comments

- Many respondents provided additional comments. A number of them were pleas for specific materials or information for particular populations.

Results

2. Project Type (n=125):	Number of Respondents	Percentage
Local Lead Agency	56	44.8%
Competitive Grantee	29	23.2%
Partnership	14	11.2%
Priority Populations Planning Grantee	13	10.4%
Statewide	9	7.2%
Other:	13	10.4%
<ul style="list-style-type: none"> • LGBT Partnership Advisory Board Member • TCS Contract Manager • Countywide • Tobacco Control Section (2 responses) • Tobacco Retail Licensing • Youth and young adults • Subcontractor to LLA (2 responses) • CDC OSH Supplemental funding with Quitline • Tobacco Litigation Settlement Grants • STAKE enforcement • Enforcement of Illegal Tobacco Sales to Minors 		

**Tobacco Education Clearing House of California
2006 Priority Populations Educational Materials
Needs Survey Summary**

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TECC Priority Population Needs Survey

3. Project location (n=123)	Number of Respondents	Percentage
Urban	49	39.8%
Rural	32	26.0%
Suburban	17	13.8%
Statewide	16	13.0%
Other:	10	8.1%
<ul style="list-style-type: none"> • All--but mostly suburban (2 responses) • Both rural and urban (4 responses) • Both rural and suburban • Central Coast • Merced County 		

4. Which Priority Populations are in need of more educational materials?

Rank	Priority Population	Number of Respondents	Percentage
1	Low SES	85	67.4%
2	Hispanics/ Latinos	63	50.0%
3	LGBT	38	30.2%
4	Asian and Pacific Islanders	31	24.6%
5	African Americans	28	22.2%
6	American Indians/ Alaskan Natives	24	19.0%
	Other:	28	22.2%
	<ul style="list-style-type: none"> • Russian speakers (4 responses) • Punjabi (2 responses) • Hmong • Middle Eastern merchants, Eastern European, and African (2 responses) • New immigrants from middle east or central America • Youth • College age • The rural poor white (2 responses) • Substance Abuse Recovery community • Organized Labor -- shouldn't this be on the list? • LBGT - Lesbians specifically • LBGT Youth and Military • LBGT - Spanish • Elderly - veterans • General Public • Everyone • Deaf and hard of hearing • General materials-at times, I have needed materials for cessation groups that are not tailored, Can some non-specific materials be developed in addition to tailored? A video on health effects of smoking would be great. 		

TECC Priority Population Needs Survey

5. If you selected Asian and Pacific Islanders or Labor Unions, please specify:

Specific API groups

- Korean (7)
- Chinese (5)
- Vietnamese (5)
- Hmong (5)
- Filipino (4)
- Tongan (3)
- Cambodian (3)
- Thai (2)
- Mien (2)
- Samoan (2)
- Bangladeshis Pakistanis Bhutanese
- Indian, Pakistani, Punjabi
- Southeast Asians (2)
- There seems to be a lack of resources for the Middle Eastern communities.
- Native Hawaiians
- Pacific Islanders
- Pacific islanders: small community first connected to our area via support from Lassen community college to raise educational standards for them. Majority are from island of Palau. Tobacco is not a big issue but chewing of the betel nuts is a concern for them.

Higher educated API, businesses

- According to some data collected in the LA county health survey from 1997-2005 (a random digit dial survey), API females with a higher level of education (college or post grad) were more likely to smoke than other API females (trade school or below). I think that there should be some consideration that while mono-lingual materials for API are still needed; there may be a segment of the API population that is not reached by traditional English educational campaigns nor mono-lingual campaigns. Perhaps English campaigns need to be a little more inclusive of Asian Americans.
- Cessation materials for college A/API populations
- Asian and Vietnamese health professionals, Asian and Vietnamese business worksites, Vietnamese social and cultural event organizers

Provision of specific materials/ information

- Asian/Pacific islanders need more cultural information on how to work with their audience.
- Pacific islanders in particular need quit smoking information; quit smoking information in different Asian languages with input from those communities; information about secondhand smoke in multi-unit housing situations in all Asian languages.
- We would like to see materials related to tobacco retailers and compliance of laws for the Korean, Chinese and Latino populations. STAKE Act materials translated in Korean and Spanish would be helpful

Other comments

- Labor wasn't listed (2)
- Smoking seems to be cultural thing for Asian populations. I have heard through very close friends that smoking is a right of passage that shows a mature adult and leader of the community.
- There are few materials for these communities. Revamping some of the current available materials would be helpful as well.
- No resources for these groups at all (I think there was only one, but am not sure).

TECC Priority Population Needs Survey

- Asian and Pacific Islander population is a diverse and multi-racial/cultural/social economic status group of people. There is the need to determine the need for each sub-group rather generalized them as one entity.

6. Does your agency currently have scope of work objectives/ activities that serve one or more of the priority populations above?

(n=125)	Number of Respondents	Percentage
Yes	77	61.6%
No	48	38.4%

7. If you answered "yes", please describe your objectives/ activities.

Low SES community

- Low SES
- We feel that our objective to reduce advertising in windows of businesses in Vallejo serves low SES.
- I. By June 30, 2008, A minimum of four property management companies and/or owners of multiple housing complexes representing 1000-1500 low-income units in at least 3 Low SES communities in San Diego County for a total of 12, will designate at least 15% of the units in their complexes as non-smoking. II. By 06/30/08, 20% of the managers or owners of multiple housing complexes (representing 1000-1500 low-income units located in at least 3 Low SES communities in San Diego County) approached that do not currently have policies on smoke-free common areas will adopt policies that designate common indoor and outdoor areas as smoke-free
- Low SES Spanish cessation materials
- Objective to provide cessation services for low income. Activities included targeted classes and scholarships on a sliding scale. Also - while not in current work plan, working with Latino Population Grantee to address SHS in multi-unit housing. Working with merchants, many recently from Middle Eastern countries - on advertising and sales to minors.
- Paseo- People Advocating Smoke-free Environments Outdoors. The projects main goal is to protect children and families in our community from exposure to toxic secondhand tobacco smoke in outdoor areas. Especially focused on high-risk Latino population in the Pajaro Valley area, which include many recent immigrants, agricultural workers, and low income families with children. The Paseo project will provide, education, and presentations to community agencies, one on one and faith based groups to help encourage and support voluntary policies for smoke-free outdoor public events and venues such as parks, sports leagues, festivals and fairs. A second objective is to assist local health clinics in setting up systems that help smokers quit. We will develop bilingual materials that promote quitting and provide free cessation-related assistance. Our free resource will include informational 'tool kits' aimed at building organizational capacity to help clients overcome nicotine addiction.
- Serves low SES + working on multi-unit smoke-free housing which covers every group.
- Some of our activities target LSES and Hispanic.
- Voluntary policy adoption for smoke-free common areas in low-income multiple housing units. Smoking cessation classes for low-SES.
- Working with low SES in multi-unit housing and no smoking policies.
- Working with MHU's and outdoor non-dining worksites, mostly low SES populations. We are providing presentations, participate in city events/council meetings, community fairs, and other neighborhood activities...we collaborate with ACS Youth Council, resident volunteers. Publish newsletters for MHU sites, outdoor sites. We collect surveys/petitions and conduct strategic planning meetings using the Midwest Academy Strategy Chart and always collaborate with RESPECT, CCAP, BUILT, TALC.

TECC Priority Population Needs Survey

LGBT community

- Adoption of tobacco free sponsorship policies at community events in the LGBT communities.
- LGBT projects to work toward policies to not accept tobacco sponsorship
- Provide cessation services to LGBT.
- (Posted below, our project Abstract) The Santa Cruz Lesbian and Gay Community Center, known as, The Diversity Center, has begun our two-year project, Tobacco Free, LGBT, Santa Cruz County. Funded by a competitive grant under TCS 05-102, our program will address drifting secondhand smoke in multi-unit housing where LGBT people live in Santa Cruz County. In addition, we will be working to have LGBT people make a pledge to have a smoke free home. An initial effort will be in identifying multi-unit housing with the largest concentration of LGBT identified tenants. Extensive outreach and education activities focusing on the Santa Cruz County LGBT community will comprise most of our work. As a population that smokes at twice the state-wide average, the LGBT community has not previously been exposed to culturally appropriate education and information regarding the dangers of smoking, including secondhand smoke. Part of our education will include implementing The Last Drag, an LGBT culturally specific cessation program implemented in Los Angeles and San Francisco in recent years.
- By June 30, 2008, Just for Us at Tri-City Health Center will provide at least three LGBT sensitive smoking cessation series per year, using The Last Drag curriculum, to a minimum of 30 LGBT community members from South, Central and East Alameda County, with at least 25% of program completers being smoke free at the three month, six month and one-year follow-up. Interventions Topics * Conduct adult cessation activities * Conduct education awareness presentations * Conduct public relations (earned media) activities * Conduct tobacco cessation classes * Conduct youth cessation activities * Promote the California Smokers' and/or Chew lines *
- Cessation Classes for Latino and Latino LGBT.
- Cessation services for the LGBT community
- LGBT - Cessation
- Objective: To have 20 businesses frequented by the Alameda LGBT community adopt a smoke-free policy prohibiting smoking within 20 feet of all entrances. As I've stated above I am working specifically with the LGBT community. However, it is imperative to the project I am working to have adequate educational materials that address the health concerns of other 'priority populations' since there are often overlaps between these different communities (i.e. low SES, Latino queer population).
- Smoking cessation services for the LGBT community.
- We currently have a smoking cessation program for LGBT smokers. We fund three separate agencies to provide the services, one in Compton, one in West Hollywood, and one in the Valley.
- We provide TA to other Prop 99 funded agencies, in their work with LGBT populations in their areas. We are also working against tobacco use at LGBT Pride Celebrations and against LGBT officials taking money from the TL.

Spanish-speaking population

- Hispanic Latinos
- We feel that our objective to reduce advertising in windows of businesses in Vallejo serves Hispanic/Latino.
- Latino projects to work toward policies to not accept tobacco sponsorship
- Provide cessation services to Hispanic.
- Also address sponsorship of major events in Hispanic and Latino communities.
- We are developing a Spanish-language smoking cessation curriculum for low literacy smokers, to be implemented in our smoking cessation program. In addition, we are working on a tobacco education campaign for convenience store merchants in Hispanic/Latino neighborhoods. We are also raising awareness about the dangers of tobacco in the Hispanic/Latino community, in the context of the objectives listed above.

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- We are hoping to translate at least one TALC fact sheet on SHS issues into Spanish.
- Provide merchant education to all Latino markets in Napa County.
- Cessation classes offered in Spanish
- Nothing specific within the LLA work plan, but we do Spanish-language cessation.
- Serving Hispanics/Latinos across the state in second hand smoking issues, smoke free housing, education, etc.
- PASEO project – promote smoke-free outdoor areas (recreational) such as parks, fairs, festivals, etc. in predominantly Latino populated areas (So, Santa Cruz. Co.).
- We serve the Latino community and the Latino LGBT community in cessation for these groups.

Asian/ Pacific Islander community

- Adoption of tobacco free sponsorship policies at community events in the Asian/PI communities.
- API projects to work toward policies to not accept tobacco sponsorship
- We work with faith-based organizations in AAPI communities to adopt smoke-free policies.
- To have smoke-free outdoor policies adopted and implemented in API cultural, health and faith-based events.
- We feel that our objective to reduce advertising in windows of businesses in Vallejo serves Filipinos.
- Objective 1: By June 30, 2008, a minimum of 40 Vietnamese worksites, dentist/doctor offices, vocational schools, or senior residential care facilities in Santa Clara County will voluntarily enact a policy to ban smoking within 25 feet of main entrances as documented by a written policy and signage. Objective 2: By June 30, 2008, at least three main cultural festivals such as the TET* Festival and Parade, Mid-Autumn Moon Festival, and 15 other community events and cultural concerts in Santa Clara County will enact a written policy prohibiting tobacco industry advertising and banning tobacco company sponsorship of events. Objective 3: By June 30, 2008, at least 17 Asian and Vietnamese independent and chain pharmacy stores in Santa Clara County will adopt and implement the policy against carrying tobacco products. Objective 4: By June 30, 2008, through partnership with California Smokers' Helpline and local LLA, an increase of 70% utilization or a minimum of 90 Vietnamese smokers or their family members will utilize the California Smokers' Helpline to obtain information on how to quit smoking through educational workshops and mass media campaign via newspaper, and Radio.
- One of our SHS objectives is around tobacco-free policies for community events. A contract agency has worked with the Filipino CBO on this issue. Additionally, one of our youth access contracts works with a CBO serving Asian Americans.
- Educational programs for Asian youth.
- Provide cessation services to Vietnamese, Korean (2)
- Studying the culture and family dynamic with different levels of acculturation and ages within the Chinese, Vietnamese and Korean communities.
- Targeting Asian and Pacific Islanders who frequently visit Native American gaming casino.
- Asians, Native Hawaiians, Pacific Islanders.
- We have been attempting to engage the Filipino community and other API communities. Our next SOW will focus our activities more clearly on expanding our coalition and doing more tailored work in priority communities.

African American community

- African American
- Adoption of tobacco free sponsorship policies at community events in the African American.
- African Am projects to work toward policies to not accept tobacco sponsorship

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- Cessation services/classes for African American.
- Also address sponsorship of major events in African-American/African communities.
- We feel that our objective to reduce advertising in windows of businesses in Vallejo serves African-Americans.
- Offer culturally relevant African American specific TA and training services on a statewide level to increase skills and capacity for all TCS-funded projects. 2. Conduct Project Nia Campaign - to encourage African American entities to adopt policies that prohibit tobacco sponsorship. 3. Cessation Projs. to increase the amount of calls to the CA Smokers Helpline & to reduce smoking prevalence rates of African Americans in LA County by assisting with the implementation of the Los Angeles County 'It's quitting time LA' campaign. 4. Develop culturally specific & relevant tobacco ed. materials.

Tribal businesses (casinos)

- 1) Reducing secondhand smoke in American Indian-owned casinos throughout the state. 2) Countering the misuse of American Indian imagery in tobacco advertising and packaging.
- Objective: Voluntary smoke-free Casino/worksites policies for American Indian Casino. Presentations to casino employees/management; health fairs; meeting with casino management.
- American Indians - decreasing SHS exposure and educating American Indians to cessation services offered etc.
- To work side by side with TCS, LLA'S & the priority populations in educating them on how to work with American Indian communities and casino secondhand issues.

Russian businesses

- Policies for Russian media not to accept tobacco advertising - Russian businesses supporting and promoting tobacco control laws

Youth/ Young Adults

- Our activities involve educating the residents of our communities about the dangers of smoking. The primary group we target are the youth of the community. Our objective is to pass a Tobacco Retail License which will lead to retailers not selling tobacco to minors.
- Tobacco-free policies for venues attracting young adults. Licensing for tobacco merchants. Tobacco-free sponsorship policies for organizations associated with CSUF.
- Cessation services/classes for young adults. Educational programs for Asian youth.

Culturally appropriate services

- Coordination and promotion of smoking cessation classes that are culturally appropriate...
- Culturally appropriate cessation services and outreach.
- Objective is based on literature currently available, developed or acquire one or more culturally and ethnically appropriate materials on secondhand smoke and smoke-free outdoor workplaces and smoke-free packing lines. The literature will be for migrant farm workers in rural areas.
- The Shasta County Tobacco control program will recruit at least 4 representatives from local ethnic coalitions to participate in the tobacco education coalition and provide feedback for the LLA to provide culturally appropriate educational and/or media.

Multiple communities

- At least three (3) trade, vocational, and/or technical schools in a three-county Central Valley region (Kern, Kings, and Tulare Counties) will adopt a smoke-free policy that prohibits smoking at entryways (within a minimum of 20 feet from all main entrances, exits and operable windows) or school campus quads. A minimum of six (6) multi-housing units in Kern, Kings and Tulare Counties with a predominant low SES tenant population will adopt and implement a policy that designates smoke-free apartments and/or common outdoor areas (e.g. playground and swimming pool areas) and common-

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use indoor areas (e.g. laundry-rooms, lobby areas, and hallways) as smoke-free. A minimum of three (3) flea markets in Kern, Kings and Tulare Counties will adopt and implement smoke-free policies that prohibit smoking by vendors and patrons in all public access grounds, except in limited designated smoking areas (e.g. parking lots). A minimum of three (3) employers in Kern, Kings and Tulare Counties with an employee base under 100% federal poverty level and with at least 75 employees, will incorporate smoking cessation into their health education curriculums.

- Our objectives for smoke-free outdoor areas (parks and healthcare facilities) impact all priority populations.
- We are working on outdoor dining areas, and therefore we try and reach out to all populations that enjoy dining outside.
- We reach out to the local community. Always the entire community. We do not have a specific priority population. Our project currently is for the diverse community.

Others

- Education Activities creating a postcard, newsletter, art through education activity, Midwest chart.
- Refugees and immigrants.
- Not yet, but our next scope of work will focus around the Community of Excellence (CX).5 indicators and 5 access.
- Our goals are to increase compliance with Tobacco laws related to illegal tobacco sales. In addition, we are responsible for compliance with the LC 6404.5 smoke-free workplace law and materials in Spanish and Korean would be helpful as well.
- Our population has high SES, and therefore the objectives that reach school children with prevention and cessation for adults reach these in large numbers. Also, we have a multi-unit housing objective, which also impacts this population because they live there.
- Our priority populations are extremely small. Our county is not diverse and these populations are not highly visible.
- Reduce exposure to SHS
- Reduce Tobacco Availability, Counter Pro-tobacco Influences, Second Hand Smoke
- Smoke-free policies for outdoor recreational areas, i.e. parks, fairs, festivals, and faith-based events in Pajaro Valley area; cessation systems advocacy with local health clinics.
- Smoking and multi-unit housing.
- The number of households with children between the ages of 0-6 served by Kern County agencies that report smoking in their home and vehicle is not permitted will increase by 35% from a baseline determined in the spring of 2005.
- There are two million persons living with diabetes in California. Promoting smoking cessation among people living with diabetes is particularly important because smoking exacerbates the harmful effects of diabetes by increasing insulin resistance and worsening diabetes control. Each year there are over 300,000 diabetes-related hospitalizations in California at an annual cost of \$3.4 billion. This project is a collaborative effort between California's Tobacco Control Program (TCP), the California Diabetes Program, and the California Smokers Helpline. The purpose of this collaboration is to: (1) increase use of telephone-based tobacco cessation services by persons living with diabetes; and (2) improve the extent to which health care providers assess smoking status of persons living with diabetes, advise them to quit, and refer them to the Helpline for telephone-based tobacco cessation. This project has developed patient fact sheets in the languages that the Helpline supports. Currently our activities include training, health care clinic interventions and promotional campaigns specifically for health care providers including diabetes educators, registered dietitians and allied health professionals.
- Tobacco education and cessation
- We are charged with persuading 4 MUH landlord/owners to adopt policies making outdoor common areas smoke free.
- We are doing policy work and cessation.

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- Work with local clinics to adopt public health guidelines around cessation.
- I am a smoking cessation facilitator. I found simply stated and clear information is better received. I work with all age groups and all ethnic groups.

8. Which Communities of Excellence indicator(s) does your objective/ activity address?

Priority Area 1: Counter Pro-Tobacco Influences

- 1.1: Tobacco Marketing and deglamorization indicators
 - 1.1.2
 - 1.1.6 (3)
 - 1.1.8
 - 1.1.9
 - 1.1.10 Extent of tobacco company contributions to support political campaigns of elected officials
- 1.2: Reduce tobacco industry influence economic indicators
- 1.3: School and community-based prevention indicators

Priority Area 2: Reduce Exposure to Secondhand Smoke

- Secondhand Smoke Exposure (3)
- Reduce Exposure to Secondhand Smoke (2)
- Reducing exposure to secondhand smoke at outdoor events with voluntary policies.
- 2.1: Reduce exposure to secondhand smoke enforcement/compliance indicators
 - 2.1.3
- 2.2: Reduce exposure to secondhand smoke policy indicators
 - 2.2.1 (2)
 - 2.2.3
 - 2.2.7
 - 2.2.8 (2)
 - 2.2.9
 - 2.2.11 (5)
 - 2.2.12 (4)
 - 2.2.13 (3)
 - 2.2.16 (3)
 - 2.2.16 Extent that outdoor recreational facilities, areas and events, e.g., fairgrounds, beaches, piers, amusement parks, playgrounds, sport stadiums, parades, etc., have policies designating a portion or all the outdoor area or event as smoke- free
 - 2.2.20

Priority Area 3: Reduce the Availability of Tobacco

- Reduce availability of tobacco
- 3.1: Reduce the availability of tobacco enforcement/compliance indicators
 - 3.1.1
 - 3.1.2 Extent of compliance with posting the STAKE Act age-of-sale warning signs
- 3.2: Reduce the availability of tobacco policy indicators
 - 3.2.3
 - 3.2.6
- 3.3: Reduce the availability of tobacco behavior indicators

Priority Area 4: Promote Tobacco Cessation Services

- Cessation (4)
- Culturally appropriate cessation services
-
- 4.1: Provision of cessation services indicators

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- 4.1.1 (11)
 - 4.1.1 Extent that culturally and linguistically appropriate behavior modification-based tobacco cessation services are available and well utilized in the community (CORE)
 - 4.1.1 Culturally and linguistically appropriate smoking cessation resources.
- 4.2: Cessation policy indicators
 - 4.2.2 (2)

Assets

- 2,4
- 2,5
- 3.1
- 3.2 (2)
- 3.4 (4)

- * PROHIBITING OUTDOOR SMOKING
- sales to minors
- Extent that culturally and linguistically appropriate behavior modification-based tobacco cessation services are available and well utilized in the community (CORE)
- American Indian Casinos & American Indian Imagery
- Community Education Activity
- Indicator 1.5.4 (2)
- Extent of tobacco free sponsorship policies at public and private events
- General Public, Under Five
- I am not sure what a 'Communities of Indicators is.
- I'm not sure. We are currently addressing the problem of youth access to tobacco products.
- Our program was not funded. Our target was LGBT population in San Diego
- Please check OTIS for this, there are several
- Please contact HLTEN for more details.
- Provide bilingual informational material for cessation to community based agencies and provide presentations and trainings.
- Smoke Free Parks
- Smoke-free faith-based initiatives
- Teacher training Youth access CPTI
- The ones related to the extent of sponsorship in communities and casinos.
- Youth and establishing a local Tobacco Retail Licensing ordinance.

9. Which language(s) should be used?

- English (59 responses)
- Spanish (59 responses)
- Hmong (9)
- Mein (5)
- Korean (6)
- Vietnamese (3)
- Arabic
- Asian Pacific Islander
- Cambodian, Ethiopian
- low SES
- Chinese
- Santa Monica has many tourists from foreign countries, e.g. Japan.

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- Russian, Armenian
- Tagalog
- Tongan, Samoan
- Urdu, Hindi, Bengali
- Tagalog, Tongan, Urd, Samoan, Chamono, Punjabi, Bangaldeshi, Nepali, Gujurati
- Various languages
- Multiple languages
- As diverse as it can be because we have a very diverse community

10. Should the materials be written for low literacy audiences?

(n=123)	Number of Respondents	Percentage
Yes	114	92.7%
No	11	8.9%

11. Which format should be used?

Rank	Format	Number of Respondents	Percentage
1	Brochure	83	65.9%
2	Incentive item	75	61.0%
3	Sign	54	43.9%
4	Booklet	35	27.8%
5	Toolkit	32	25.4%
Other:		33	26.2%
<ul style="list-style-type: none"> • Poster (4 responses) • Posters with handwritten messages such as the Spanish half face/half skull picture • Postcards (2 responses) • Handbill (large postcard) • 3x5 card • cards (deck) • Pocket size card • Smoke-free zone business cards • Bus Shelter, Billboard, T-shirts, Tank Tops • Shopping bags, something people use • Videos (2 responses) • Video, music, game, etc. • Video /CD / DVD • CD interactive • DVD • TV commercials in our area • Local/community media; affiliation groups such as VFW, Masons, fraternal clubs, etc. • Comic book • pictures • Durable weather proof no smoking signs for apartments • Fact sheet • Fact sheet if more appropriate 			

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<ul style="list-style-type: none"> • Materials explaining the laws to stores, parents, etc. • High visuals minimal text • Needs testing • No real need for new materials • Depends on our assessment • Whatever is appropriate for the particular target 		
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12. Which CDHS/ TCS Priority Areas should be addressed with these materials?

Rank	Priority Area	Number of Respondents	Percentage
1	Secondhand smoke	101	80.2%
2	Cessation	90	71.4%
3	Counter pro-tobacco influences	49	38.9%
4	Reduce tobacco availability	37	29.4%

13. Write in the specific purpose(s) for the areas you checked above.

Priority Area: Secondhand smoke (Rank 1)

Multi-unit housing and various

- Multi Unit Housing (37 responses)
- Multi-Unit housing for African Americans
- Multi-unit housing PP culturally appropriate

Effects on children

- Effects on children (2)
- Children
- Children's exposure (2)
- Education for families
- Everyone, especially children
- Families with children + extended families
- Family impact & harm
- Family or general
- SHS exposure and children
- Household members especially children and pregnant women
- In the home - centered around family
- Kids, many members in a household
- Parents of Pre-Schoolers
- Pregnancy children
- Near children and pregnant women

American Indian communities and businesses

- AI/AN communities
- American Indian Casino
- American Indian-Owned Casinos
- Casinos (2)

Language appropriate materials

- Describe the dangers and risks associated in various languages
- Spanish

Entryways

- 20' entryway or home/car

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- Doorway, worksite
- Smoke free entry ways
- Smoke-free doorways (20ft.)

Outdoor areas

- Outdoor Areas (5)
- Outdoor areas (especially Latino & API low-income population), but also appeal to sense of housing owners who may not be fully proficient in English
- Outdoor areas: parks, tot-lots (2), recreation areas, bus stops, doorways, etc. ; Multi-unit housing;
- Outdoor events (3)
- Outdoor policy need; harm info.
- Outdoor venues attracting young adults
- Smoke Free Parks (5)
- Smoke-free outdoor venues
- School campus & campus community activities
- Outdoor workplace
- Outdoor public areas
- Beaches (2)
- Military bases
- Outdoor restaurants
- playgrounds

Indoor areas, including in-cars

- Smoke-free home (6)
- Apartments, housing, home based daycare center
- Bars and Pride events
- Businesses, workplaces (4)
- Healthcare facilities at serve a low SES population and patients in recovery from alcohol and other drugs
- In cars (5)
- Increase home norms against tobacco use
- INDOOR smoking - AA meetings, American Legion, etc.
- Keeping it out of your home and cars etc.
- Smoke-Free Workplace Law

Others

- Hookah
- Enforcement/implementation
- General Public, Youth
- Health effects, danger
- How to Complain
- Low SES (2)
- New immigrant populations-protect your kids from SHS, smoke-free healthcare campuses for housekeeping, maintenance, security staffs,
- Tobacco ed. materials
- Food banks
- CBOs
- Risks to self and others

Priority Area: Cessation (Rank 2)

Information provision

- Benefits of cessation (3)

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- Health risks (hard hitting) (4)
- How to quit (3)
- Nicotine therapy
- Quit Help
- Quit Tips
- Resources to quit
- dealing with stress, finding support
- cultural perspectives on tobacco use and cessation, provider referrals
- Campaigns i.e. GAAS & It's quitting time LA
- Class (2)
- Class participant recruitment
- Info for health care staff/clinics
- Need basic information
- Not enough info about cessation out there.
- Self help brochure
- Seminar, telephone counseling, classes
- Training material & cessation tips
- Facts about cigs (toxic ingredients)
- General materials (videos) on health effects of smoking

General public

- All Smokers (2)
- For the general public (2)
- General - save money!
- General adult and youth cessation
- General Public, Youth

American Indian community

- American Indian Casino
- Know the American Indian culture -keep the smoke sacred
- AI/AN
- Funding for AI/AN

Low SES community

- Employer sites for Low SES
- Low SES(5)

Spanish speaking community

- For Latino Spanish Speakers
- Evidence based curriculum in Spanish
- Spanish (2)
- Spanish materials promoting cessation as well as English and Spanish culturally tailored cessation materials
- In Spanish a cessation manual that everyone could use like the Freedom from Smoking by ALA
- We get a high request for Spanish cessation materials

LGBT community

- Addressed to Priority Pop (PP). 'The Last Drag'
- Combat high rates of LGBT smoking
- LGBT English/Spanish
- LGBT (3)

Other target populations

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- For adults 18-40 years old
- For young adult and/or social smokers
- Male specific
- Incentives for quitting for teens and adults
- Materials to get AA thinking about cessation
- Military
- One for each API community
- Persuade immigrants that tobacco use reduces likelihood of success
- Smoking cessation for people with diabetes and other chronic diseases
- Youth (2)
- Youth & Adult Classes
- Youth and young adults
- Teens, chew
- Pregnant women and teens
- For providers and patients

Benefits to family

- Benefits to your family
- Helping family member, quitting
- Tobacco Users in the home(s)

Culturally appropriate approaches

- Community Agencies /Faith based
- Culturally specific stop-smoking assistance for people in recovery from alcohol/drug abuse
- Culturally appropriate
- Dispel cultural smoking practices as old-world

Venue-specific approach

- Health care provider settings; employers
- MHU's & Outdoor non-dining worksites
- Multi-Unit Housing
- Posting in bars

General approach

- Expanding cessation opportunities beyond Helpline + Low SES materials for the Helpline
- Motivation, cessation services
- Reduce general smoking rates
- Referral
- Move to contemplation stage
- Smokers' Helpline or local cessation services
- To taper down at least

Priority Area: Counter pro-tobacco influences (Rank 3)

Media approaches: advertising, community events

- Ads, media
- Advertising about how much smoking costs an individual smoker; how LSE status teens and adults are lured by TI advertising
- Advertising on TV and radio
- Community Events
- Community or general
- Excessive advertising & community norms acceptance of youth smoking and tobacco use
- Media

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- Media campaign
- Social and cultural events
- Sponsorship
- Reducing advertising

Target populations

- African American Sponsorship
- Black Businesses, Athlete spokesperson
- AI/AN populations
- Combat TI's LGBT targeting
- For minors
- General lesbian & gay Community
- Industry's focus on women, young adults and minority population
- LGBT community norms
- Low SES & LGBT
- Outreach education to LES, GLBT
- Middle eastern
- Young adult
- Youth

Small group-specific approach

- Continual focus on industry marketing tactics below the radar of public media -- at bars, Internet, Pod cast, concerts, colleges,
- Rodeos
- PSA's in hip-hop
- Tobacco in Hollywood
- Tobacco industry tactics on low SES
- Tobacco industry targeting, exploitation of people in other countries
- Tobacco sponsored events. i.e. rodeos
- Tobacco sponsorship of community organizations/events

Information provision

- More informational materials needed
- To improve knowledge and understanding
- To de-glamorize tobacco for bilingual or English-speaking Hispanic/Latino youth; to raise awareness about the dangers of tobacco among Spanish-speaking immigrants.
- Make a connection of money to tobacco consumption. Money/tobacco calculators work very well.
- Recognize Big Tobacco's tentacles

Others

- Elders want to smoke w/ younger family as bonding
- Ethnic targets, environment, human rights, social justice
- FCTC
- How it was marketed to these populations
- How they are targeted
- Proj. Nia
- Project SCUM & related ads to LGBT
- For community leaders, fundraisers and organizations who take the money

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Priority Area: Reduce tobacco availability (Rank 4)

Reduce youth access

- 3 out of 4 smokers start before age 18.
- Access to minors through social sources
- Access to youth--their youth
- Illegal tobacco sales to minors
- Low Income Youth
- Sales to Minors
- Teen
- To minors by promoting licensing
- Tobacco sales to minors
- Youth
- Youth access
- Youth access, illegal sales, social sources, pro-youth, pro-community
- Youth or general

Retail licensing and merchant education

- In stores - many mom & pop stores owners are not that proficient in english
- Merchant education in their language
- Merchant education on tobacco laws (2)
- Small Gift Shops, Food Courts
- Tobacco Retail Licensing (4)
- Tobacco retailers (2)
- Tobacco retailer information (more for SEA)

Others

- Educate new immigrant / low SES retail clerks how to read California driver's license or I.D.
- Low SES
- Middle eastern
- Need information on how and why need to address as a group
- PSA's in hip-hop
- So smokers cannot 'force' others as much to breath smoke/smoke
- Social sources
- Social Sources for African Americans
- Swap Meets
- Engaging law enforcement

Additional comments

Provision of more materials for specific population groups

- 1) A booklet is needed for African Americans in California along the lines of the 'How To Quit Smoking' guidebooks. 2) A brochure focused on African American Teens and smoking is needed. 3) A brochure on marijuana/blunt use and cigar use is needed for adults.
- AAPI Youth segments are lacking in innovative materials as well.
- As of 2006, Mariposa County has 89% white. Many of the people are poor, use tobacco and may not have even finished high school. As far as I know TECC does not have materials that address this priority population.
- Beginning to target and influence the patrons of American Indian owned casinos to request/demand a smoke free environment, but in a manner that will not damage the reputation or economics of the American Indian tribes that own the casinos. Work with Indian organizations (AITEP), tribes and casinos to develop the materials.

TECC Priority Population Needs Survey

- I really want to emphasize the necessity to create different educational materials. In this case, working with the LGBT community one size does not fit all for example; there is a great necessity to address the intersections of culture (race, gender, sexual orientation, class).
- Materials should have a more professional appearance and should not be cartoon drawings.
- Napa County has a Latino migrant population of approximately 35%.
- New videos on Smoking cessation New videos on Marijuana cessation
- Since many of our objectives are being completed, we don't have any 'current' needs. The items I marked above refer to future and general needs. e.g., advertising on TV and radio. We need more to counter the pro-tobacco influences in our rural areas and to advertise for Smokers' Helpline. If/when we offer cessation services; we would like to have materials in Spanish. TECC does have Spanish materials for home/car secondhand smoke, but different promo items or signs would be nice. The pledge cards are nice but the graphics/color/print design makes getting the message a little difficult. In this case the busy color design does not aid deliverance of the message. I usually have to 'explain' the cards to people. Esp. LSES.
- Spanish materials will help reach a large % of the priority population as well as SES at the same time.
- The AI/AN communities need more funding for cessation programs and to help with secondhand smoke issues.
- The LGBT community is COMPLETELY ignored as a high risk population in the central valley of California (Bakersfield, Visalia, Fresno, etc.) This population is in need of intervention and if there is the ability to intervene, this is where efforts should be directed.
- We also need Spanish 'No Smoking' Signs.
- We do not get TCS anti-tobacco messages on our TV stations in Santa Barbara, while research shows that TV is the main way that Hispanic/Latinos get their information.
- With the new wave of Hmong refugees to the central valley, we need to have more Hmong materials.
- I feel there has to be more materials developed for these two communities. The resources we have now are very dated and lack cultural competence. There aren't any materials in Spanish for the LGBT community. Outreach has been very difficult because there isn't anything we can pass out for when we have presentations. Cessation, cessation more is needed a manual that all TCS Sections could use or a web page where we could download – pages, fact sheets, and pictures.
- We have enjoyed working with TECC on our Toolkit and Spanish Helpline Cards. We look forward to greater collaboration. I would like to develop a few more Spanish language posters – one for multi-unit housing 7 another for providers offices – dealing w/cessation. Hope we can talk soon.
- I recently contacted TECC for leads on a video explaining health effects of smoking. I was hoping that you folks might have some ideas about where I could go for these. Unfortunately, I was told TECC didn't have any ideas. Could non-tailored videos be produced? I am leery of ordering videos from Kranes or ETR at \$300-400 a piece.
- Our community always requests Spanish material but mainly look for cessation materials in Spanish. Since youth has such a high prevalence it is important for us to have more youth materials available in Spanish for this is something we must start to think about.

Population-specific advertising messages

- Children and family seem to be a good hook. Incentive items should be useful, such as shirts, hats, stickers and post-its. Should be oriented toward positive attributes, so that instead of 'no smoking' it might be 'I support a smoke-free family.'
- I think counter pro-tobacco influence messages for African Americans may be more successful than among other ethnic groups, especially if that other ethnic group is LESS acculturated.
- More 'functional incentive' items for our target pop (e.g. farm workers, adult males); an adaptation of existing poster, showing ingredients of cigarette, in low-lit, visual, picto-graphic format.

TECC Priority Population Needs Survey

- The text in Vietnamese version either the original or products of translation should be very well written and polished, otherwise no one would want to waste time to read the contained message.
- In these two groups the efforts have been too scattered. It needs to be more specific and in the appropriate language.

Offer to help with review and field-testing of new materials

- As per our TCS-approved scope of work, my program staff is available and able to assist with the review and/or development of new educational materials targeting Low SES populations. At minimum, I'd like to offer our program resources to assist with the field testing of any newly developed materials. For example, program staff could assist with recruiting/convening members of that target population to field test materials.
- Current cessation materials seem very middle class in orientation. I believe we need something consistent with the 'hidden rules' of poverty, and would be willing to pilot materials, as I have good access to this population.
- There is a great need to create LGBT specific materials to counter the very large, and very well financed, pro-tobacco influences. We would be very happy to actively participate in the creation of these materials. Please don't hesitate to contact me.

Implementation of policies

- I think more LLA's etc. will need easy ways to implement/enforce smoke-free zones when policies are adopted. Signage should be bilingual, but we need simple and cheap ways of directly communicating new policies to smokers that provide solutions. That is to say, create a business card that says 'This is a smoke-free area, please find the nearest designated smoking zone' (Spanish below). The back side should have No-butts info (also in Spanish). These can be distributed to businesses and vendors in outdoor smoke-free areas and to others who could enforce the smoke-free policy, such as police, security, lifeguards, park services, etc.
- There is also limited information to give local planning departments and those seeking permits for multi-unit housing. I would also like more info. to give apartment managers information regarding benefits of becoming smoke free.

Survey-specific comments

- I'm not sure I understand questions 7-13. Our objective relates specifically to translating existing TALC materials. I don't know enough about the needs of priority pops regarding what new or additional materials should be produced.
- This survey was confusing. I am not sure whether questions 9 through 11 or 12 are all related to questions 6 through 8. In my responses, I am assuming that Q. 12 and 13 are general and not related to current objectives.

Others

- CPTI should focus on how tobacco industry targets particular communities for addiction. It's possible you have these already and I am not familiar with them, since you have put out a lot of good materials and I have not seen them all. Thanks
- Each cohort of youth are blank as to history of marketing, sense that smoking is a sign of rebellion when it is total compliance with a marketing strategy, and filling a need to belong and create a self image that style/smoking easily offers. KEEP up with unmasking psychological approaches used by the industry.
- Many of our activities fall outside our work plan and cover a variety of indicators - but are not full-blown objectives. We target merchants in general but find the majority of owners and clerks are Eastern Indian and Middle Eastern who speak little English and don't seem to understand why we don't want kids to start smoking.
- One of our activities includes development of a piece for the LGBT PP. Honestly, our agency is new to TCS and we don't carry experience in working with you regarding development

TECC Priority Population Needs Survey

cycle. We suggested a small piece however we would be interested in a more significant contribution if there is interest and support from TECC/LGBT Partnership, etc.

- Our minority populations are small yet we do need to provide them with services and attempt to improve their lifestyles with information so they can make sound choices.
- Well isn't this frustrating? I debated opening this survey because as a Priority Population Grantee, I know that I'm not the target audience. But then, when I did open it, I see that we aren't included. Every time we're left off the list, which happens often--someone says oops and tells us they're sorry. And then LLAs and other grantees don't see that labor is a priority population, and therefore don't plan to do any work around labor so then our work and focus seems less needed. Big surprise!
- How wonderful to have extra money to use for materials! Thanks for asking about what those in the trenches could use the most.
- TECC, good luck on this project!
- Thanks for asking for our input on developing new materials. The resources we have used so far have been excellent.
- Can TECC adapt "What's in a cigarette" poster format Death Cards – pack (using cultural icons & artistic)

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**Smoke-free Housing Survey Summary of Results
(N=59), Response rate: 59.6%¹**

Key Findings

1. A total of fifty-nine respondents filled out the online survey (response rate of 60%) in June 2006. The survey sought to assess the status of smoke-free housing as an issue in agencies' current and future scopes of work, the current number of multi-unit housing complexes designated as at least 50% smoke-free units, policy-makers' readiness to adopt smoke-free housing mandates, and environmental factors which may help or hinder such adoption.

Current and future scope of work

2. One-third of respondents indicated that smoke-free housing was currently addressed in their scope of work. The issue was addressed in a variety of ways, including: working with local housing authorities to pass smoke-free housing ordinances, designating common indoor areas and outdoor areas as smoke-free, drifting second hand smoke between units, and working with specific populations, such as young households or low-income households.
3. Almost half of the respondents (44%) indicated they were not sure if smoke-free housing was an issue they planned to address in their next year's scope of work, 37% indicated that it was, while the other 19% indicated that they were not planning to address smoke-free housing next year.
4. When asked to describe the current policies in their counties promoting smoke-free housing mandates, the majority of the respondents indicated there were none, a few were not sure, and only about 20% could list the policies.

Level of support by policy makers

5. One-third of the respondents expressed that *a few* of their policy makers would be supportive of adopting smoke-free housing mandates in their counties, but half of the respondents were not sure. Seventy-percent or more of the respondents could not comment on the percentage of multi-unit housing complexes designated as smoke-free in their counties.

Helpful factors and barriers

6. Tobacco coalition support, tenant support and multi-unit housing manager support were the top three listed as factors that **aided** counties in adopting policies on smoke-free multi-unit housing mandates.
7. Lack of multi-unit housing owner support, lack of community awareness/ knowledge and lack of management company support were the top three listed as barriers that **prevented** counties in adopting policies on smoke-free multi-unit housing mandates.

¹ In all, 104 email invitations were sent out. Eleven emails bounced back due to bad email addresses, or if the respondent was on vacation. We were able to resolve six of the bad email addresses but were not able to reach three respondents. Two other respondents were away on vacation at the time of the survey.

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8. Several of the respondents indicated that they had little or no knowledge of smoke-free housing issues in their counties as the majority of those surveyed did not address smoke-free housing issue in their current scope of work. However, for those who did, they would appreciate having more information from CCAP.

RESULTS

	Yes	No
1. Is smoke-free housing an issue that is addressed in your current Scope of Work?	19 (32%)	40 (68%)

a. If yes, how is it addressed?

- Smoking in households containing children under 18 years of age to decrease.
- The Sutter County Tobacco Education and Prevention Program is currently working with four multi-unit housing complexes to implement voluntary policies designating common indoor areas as smoke-free, e.g., laundry room, hallways, stairways, lobby area and common outdoor areas as smoke-free, e.g., playground, swimming pool areas and entrances.
- We are trying to implement tobacco-free housing within our local Housing Authorities.
- We fund two CBOs to work with local jurisdictions to pass smoke-free housing ordinances.
- Trying to get at least apartment complexes to designate 20% of complexes as smoke-free
- 'Addressing the Needs of Sonoma County's Latino Population in Tobacco Control' is a project focused upon the needs of the Latino communities of Sonoma County in California, most specifically in an urban setting (Roseland) and rural setting (Boyes Hot Springs). This program will use a multi-faceted approach to decrease Latinos' exposure to secondhand smoke in low income, multi-unit housing (MUH) complexes. By June 30, 2008, four MUH's with at least 70% low socio-economic status Latino population in the Boyes Hot Springs and Roseland areas of Sonoma county, will adopt and implement policies protecting residents from drifting secondhand smoke exposure between units or from common areas such as playground, swimming pool areas and entrances. Awareness-building activities, culturally appropriate questionnaires, youth activism, and Spanish language cessation classes will assist residents in understanding the danger of secondhand smoke and advocating for smoke-free living environments. Local media including bilingual radio and television stations, as well as newspapers, will help to increase awareness in the Latino community. Additionally, owners, landlords, and public housing boards will be encouraged to adopt and implement secondhand smoke prevention policies in MUH complexes. The goal is for (4) MUH's in Roseland and Boyes Hot Springs to develop, adopt, and promote smoke free policies. These complementary strategies for reducing secondhand smoke exposure will result in greater protection of Latino residents from the dangers of secondhand smoke.
- The objective states that San Francisco will adopt one of two policies to reduce SHS exposure. One of those is a policy impacting multi unit housing complexes (e.g. apartment owners, condo associations and public housing boards) that protects residents from drifting SHS between units and incorporates enforcement/compliance remedies such as including SHS exposure in nuisance abatement statutes. At this time, the Coalition has decided to include this component in its second hand smoke policy advocacy campaign.
- It is one of our objectives with the state
- Shasta and Butte Counties By June 2008, a) The cities of Redding and Chico will pass a policy requiring a minimum of 25% of new development of low income housing be smoke-

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free, and b) a minimum of 5 owners/property managers of existing apartment buildings, condos and/or rental housing in Butte and Shasta counties will adopt voluntary smoke-free policies requiring the entire building or at least 1/3 of contiguous units in a building are smoke-free.

- We are working with property owners to implement outdoor smoke-free common areas.
- Voluntary policy adoption by a minimum of 3 low-income multiple housing units within Yolo County.
- One of our objectives is to get smoke-free policies for multi-unit housing and we are also getting complaints from tenants about tobacco smoke drifting into their unit.
- We have an objective to encourage at least 5 multi-unit apartment complexes in Sacramento County with predominantly young adult residents to adopt smoke-free policies governing indoor private living spaces, indoor common areas, and/or outdoor common areas.
- We have an objective to develop voluntary smoke free policies in multi-unit housing complexes in Plumas County.
- Encourage smokers and their immediate family members to seek help by calling California Smokers' Helpline
- Seeking smoke-free policies for common-use indoor and outdoor sections at multi-unit housing venues.
- We are working with managers/owners of MUH's to help them adopt smoke-free policies for their properties. We participate with agencies/MUH's organizations to provide materials/info and offer to conduct survey/petition campaigns at their properties. We also provide sample language for smoke-free policies and help to provide proper signage at their locations. We will also conduct focus groups and family days to help with educating the families who live in rental units.
- Objective 3: By June 30, 2008, a minimum of four lower SES area multi-dwelling housing units in Santa Clara and San Benito Counties will adopt and implement written policies to reduce exposure to SHS that designate common indoor and/or outdoor areas smoke-free, or protect residents from drifting SHS between units. (CX Indicators 2.2.11, 2.2.12) (P)

	Yes	No	Don't know yet
2. Is smoke free housing an issue that you are planning to address in next year's Scope of Work?	22 (37%)	11 (19%)	26 (44%)

a. If yes, how will it be addressed?

- Probably the same, may include smoke free apartments.
- We have several senior housing complexes request assistance so we will target those. Also we have a local Priority Population grant focusing on MUH for Latino population that we will coordinate with and we have had meetings with the local affordable housing builder and are looking at ways to work with them. Our Asthma Coalition is also working on SHS as a trigger in these same MUH areas.
- Same
- Continue current activities
- Through policy adoption and implementation (landlords and housing authority).
- 'Addressing the Needs of Sonoma County's Latino Population in Tobacco Control' is a project focused upon the needs of the Latino communities of Sonoma County in California, most specifically in an urban setting (Roseland) and rural setting (Boyes Hot Springs). This program will use a multi-faceted approach to decrease Latinos' exposure to secondhand

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smoke in low income, multi-unit housing (MUH) complexes. By June 30, 2008, four MUH's with at least 70% low socio-economic status Latino population in the Boyes Hot Springs and Roseland areas of Sonoma county, will adopt and implement policies protecting residents from drifting secondhand smoke exposure between units or from common areas such as playground, swimming pool areas and entrances. Awareness-building activities, culturally appropriate questionnaires, youth activism, and Spanish language cessation classes will assist residents in understanding the danger of secondhand smoke and advocating for smoke-free living environments. Local media including bilingual radio and television stations, as well as newspapers, will help to increase awareness in the Latino community. Additionally, owners, landlords, and public housing boards will be encouraged to adopt and implement secondhand smoke prevention policies in MUH complexes. The goal is for (4) MUH's in Roseland and Boyes Hot Springs to develop, adopt, and promote smoke free policies. These complementary strategies for reducing secondhand smoke exposure will result in greater protection of Latino residents from the dangers of secondhand smoke.

- It is in our 3 year scope of work
- Our Scope of Work is focused on Low-income populations (including working poor, homeless, TANF, elderly, immigrants) residing in multi-unit housing complexes in the low-income neighborhoods of North Central and Center West of San Diego with the intent or reducing the adverse impact of second-hand smoke through normative changes associated with both internal (apartments) and external (shared) environments
- Voluntary policy adoption (continued from year one)
- In process of writing an ordinance prohibiting smoking in common indoor and outdoor common areas of multi-unit family residences.
- Not sure
- Work with apartment managers/ owners to pass smoke free indoor/balcony areas and to include ash tray and create designated smoking outdoor areas 20 feet away from any building or outdoor fence area for people who choose to smoke.
- Same. Our grant term is 05-08. So we will be addressing SFH over the next two years.
- request voluntary policies and do community education and mobilization
- Not quite sure at this time, but we are looking to begin surveying local housing complexes to get input from residents to have data to take to local legislatures for possible policy changes.
- Don't know yet.
- By trying to get the policies passed.

3. What policies already exist in your county promoting smoke-free housing mandates?

- Don't know (4 responses)
- None (20 responses)
- ALA addresses, not sure what they are.
- Board of supervisors resolution regarding smoke-free foster homes, not aware of any others
- County ordinance has provision prohibiting smoking in long term care facilities.
- Hundreds of apartment owners have voluntary smoke-free apartment policies. Los Angeles city passed an ordinance, but it has stalled.
- I am not an expert on existing smoke-free housing policies, having focused my energies on other issues over the last several years.
- I am unsure at this time.
- I believe Yolo county LLA has worked with the university housing on voluntary policies, but I am unaware of any policy adoption.

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- In the city of Coachella, several apartment complexes have voluntary policies - no smoking in the common areas.
- Martha Zarate is working on tobacco-free apartment complexes.
- No public policy to my knowledge. However, there are a number of voluntary policies thanks to the work of local competitive grantee the fresh outdoors project.
- None really although our local housing authority has taken on a volunteer policy to make their facilities smoke free through a grandfather process.
- None that I know of. There are a few voluntary policies governing senior living.
- None. We only have those multi-unit housing that we have been working with to adopt a policy.
- No-smoking in common areas of multi-unit housing. We have been directed by the Berkeley city council to include a smoke free housing objective into our next TCS SOW(2007-2010)
- Our smoke free ordinance prohibits smoking in all enclosed common areas of multi unit apartment dwellings and condos such as laundry rooms, elevators, some lobbies
- The city of Davis already mandates smoke free outdoor common areas of complexes
- There are voluntary policies or tenant agreements that have been adopted by a number of multi unit housing sites.
- Two senior complexes (publicly funded) have enacted smoke free policies affecting some or all units. Public housing agency is interested in transitioning remainder of public units to 100% smoke free.
- Volunteer smoke-free housing policies, and some mandatory smoke-free housing policies in some neighboring communities.
- We are in the research phase.

4. How supportive are your policy-makers' of adopting smoke-free multi-unit housing mandates? (n=54)

	Responses
Most are supportive	2 (4%)
Many are supportive	4 (7%)
A few are supportive	18 (33%)
None are supportive	3 (6%)
Don't Know	27 (50%)

	5a. Approximately what percentage of multi-unit housing complexes in your county are designated as smoke-free? (n=54)	5b. Approximately what percentage of multi-unit housing complexes in your county have at least 50% of the units designated as smoke-free? (n=54)
None (0%)	3 (6%)	6 (11%)
1%-25%	14 (26%)	8 (15%)
26%-50%	--	--
51%-75%	--	--
76%-99%	--	--
All (100%)	--	--
Don't know	37 (69%)	40 (74%)

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6. Have any of the following factors helped your county adopt policies on smoke-free multi-unit housing mandates?

Helpful Factor	n	Mean ¹	Yes, currently	Yes, in the past	No, never
a. Board of Supervisor support	32	1.13	1 (3%)	2 (6%)	29 (91%)
b. City Council support	32	1.31	3 (9%)	4 (13%)	25 (78%)
c. Tobacco coalition support	34	1.94	13 (38%)	6 (18%)	15 (44%)
d. Smoke-free business owner support	30	1.33	3 (10%)	4 (13%)	23 (77%)
e. Multi-unit housing owner support	35	1.63	6 (17%)	10 (29%)	19 (54%)
f. Multi-unit housing manager support	33	1.67	7 (21%)	8 (24%)	18 (55%)
g. Tenant support	36	1.89	10 (28%)	12 (33%)	14 (39%)
h. Developer support	29	1.17	2 (7%)	1 (3%)	26 (90%)
i. The California Apartment Association support	30	1.37	4 (13%)	3 (10%)	23 (77%)
j. Management company support	30	1.47	4 (13%)	6 (20%)	20 (67%)
k. Other:					
<ul style="list-style-type: none"> Community agencies funded by TCS or county to work on this issue over past 6 years (Yes, currently) Economic reality of high turnover cost per unit (Yes, currently) No policies adopted, but mandates in place (Yes, currently) Resident councils (No, never) 					

¹The mean score is derived from a three point scale, 3=Yes, currently, 2= Yes, in the past, 1=No, never.

7. Have any of the following factors provided a barrier in your county to adopting policies on smoke-free housing mandates?

Barrier	n	Mean ¹	Yes, currently	Yes, in the past	No, never
a. Lack of Board of Supervisor support	30	1.77	10 (33%)	3 (10%)	17 (57%)
b. Lack of City Council support	30	1.80	11 (37%)	2 (7%)	17 (57%)
c. Lack of tobacco coalition support	31	1.26	3 (10%)	2 (7%)	26 (84%)
d. Lack of smoke-free business owner support	30	1.73	8 (27%)	6 (20%)	16 (53%)
e. Lack of community awareness/knowledge	32	1.97	13 (41%)	5 (16%)	14 (44%)
f. Lack of multi-unit housing owner support	33	2.00	13 (39%)	7 (21%)	13 (39%)
g. Lack of multi-unit housing manager support	30	1.83	9 (30%)	7 (23%)	14 (47%)
h. Lack of tenant support	29	1.55	5 (17%)	6 (21%)	18 (62%)
i. Lack of developer support	30	1.90	12 (40%)	3 (10%)	15 (50%)
j. Lack of support from the California Apartment Association	27	1.56	6 (22%)	3 (11%)	18 (67%)

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Barrier	n	Mean ¹	Yes, currently	Yes, in the past	No, never
k. Lack of management company support	29	1.97	12 (41%)	4 (14%)	13 (45%)
l. Other: <ul style="list-style-type: none"> • Lack of funding and time to respond to tenants needing support letters (Yes, currently) • COLAB works only on tobacco-free pharmacies (Yes, currently) • things move slowly--it is not the only issue these people work with (Yes, currently) • Instead of 'No, never', my response should be N/A since not too many efforts have been focused on smoke-free housing in the targeted counties. Most efforts have been directly with owners/managers (No, never) • We are still in the voluntary policy adoption stage (No, never) • N/A, no policies or attempts 					

¹The mean score is derived from a three point scale, 3=Yes, currently, 2= Yes, in the past, 1=No, never.

8. Please list any other comments you would like to add:

Little knowledge of issue

- Do not have any knowledge of the barriers and pluses on issue.
- My housing comments were based on limited direct experience and simply reflect my observations.
- My responses to question 6 and 7 reflect that this is an issue that has not even been brought up in our county, so our community and policy makers have not had the opportunity to either support or nix the idea. If this comes up as an issue when we conduct our community assessment for next scope of work we will include it.
- Since we haven't begun to work in this area yet, it was difficult to give you much information.
- No Multi-unit housing complexes in Inyo County

Issue not in Scope of Work

- Although smoke-free apartments/condos are not officially a part of our Scope of Work, we receive many calls from the public on the issue and provide information & referrals, and whatever other assistance is needed.
- We are in the planning phase of this objective. Nothing has been done to date. The objective will replace the tobacco-free beach objective as of August.
- We have not pursued smoke-free housing policies because it isn't in our SOW. We do provide information to business owners and tenants who have contacted us for assistance. Pending the outcome of the CX process later this year, we may add this issue to our next SOW.

More information from CCAP

- I am hopeful to be able to have Narinder and Theresa come to Plumas to plan strategy with our public housing people in 2006-2007.
- I would like CCAP to develop information to show if a smoke-free housing policies affect vacancies in multi-unit housing and/or apartment complexes.
- I would like to see CCAP not actually conduct research in the tribal casinos but work with tribal priority population agencies that are working with the tribes. I believe it is important to have a few agencies working with the tribes on the same issues and not attack them from several fronts.
- It would be great to have some sample objectives and activities for the development of new smoke free housing SOW. Also useful: analysis of what are the most useful or realistic

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interventions to achieve legislative or voluntary smoke free private or public housing policies.

- We could use some information on all the issues addressed in this survey...thanks!

Other comments

- Concerned that we may not be able to obtain an city ordinance on s/f housing because we have still to pass a tobacco retail permit policy and only have 1 council to go to for all policies. Just got s/f beaches too.
- Data on Smoke Free Multi Unit Housing has not been collected through the Nevada Tobacco Use Prevention Program.
- Our project hopes to expand to other cities in Los Angeles County. Currently, we are working on tobacco-free pharmacies in the City of West Hollywood.
- Regarding Questions 6 and 7, we are not aware of such mandates yet, but we are going to study this during Phase II.
- Thanks for asking about what we need.
- The LLA has not addressed this issue because it has been on the Fresh Outdoors Project SOW for the past several years. I'm not sure what their future plans are, but I'm not confident that this is an issue that the Health Services Agency is prepared to get involved in. However, a general awareness campaign may be a good project for a renewed tobacco education coalition.
- The research we conducted was focused on low-income MHUs only.
- This fiscal year our subcontractors, who are funded through MSA monies will be working on smoke free housing and entryways to determine the interest in our county. This is a definite interest to us and our coalition and will no doubt be on our work plan for 2007-2010
- We are beginning to work with the elected officers with S.A.F.E.
- We are getting more and more complaints from tenants of multi-unit housing regarding other tenants that are smoking. They generally state that they have little to no support from the management, owners or other tenants. The technical assistance calls have come from individuals that are in apartment, condos, and senior residential units.

Survey Format

- A lot of the questions above should have had an 'N/A' to check, for the projects that are not/have not worked with smoke free housing yet.
- You should have had a 'not applicable' or 'don't know' column in most of your above questions.

TALC LLA Project Director Survey, Winter 2007

[Exit this survey >>](#)

The six statewide projects funded by the Tobacco Control Section would like to learn what areas you are likely to include in your Scope of Work for 2007-2010, and in which of these areas you would need assistance, so that each project may better assist you. **The six statewide tobacco control projects are: TALC, the Center, CCAP, CYAN, TECC and the Evaluation Center.** The projects have worked together to create a combined survey so that you do not have multiple surveys to respond to.

We would greatly appreciate it if you would take a few minutes to complete this survey. **You only need to answer for the indicators you are likely to include in your scope of work.** It should take no more than 15 minutes to complete. When you are finished, please click "DONE" at the end of the survey.

1. We would like to know which community indicators for PRIORITY AREA: COUNTER PRO-TOBACCO INFLUENCES - Tobacco Marketing and Deglamorization you are likely to include in your Scope of Work AND which indicators you would need assistance with from ANY of the six statewide projects listed below.

	LIKELY TO WORK ON	Would Need TALC's Help	Would Need the Center's Help	Would Need CCAP's Help	Would Need CYAN's Help	Would Need TECC's Help	Would Need the Evaluation Center's Help
1.1.1 Number and type of in-store tobacco advertising and promotions -or- Proportion of businesses with voluntary policies that regulate the extent and type of in-store tobacco ads and promotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.2 Number and type of tobacco advertising and promotions outside of stores - or- Proportion of businesses with a voluntary policy that regulates the extent and type of tobacco advertising and promotions outside of stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.3 Number and type of tobacco advertisements in print media -or- Proportion of print media organizations with a voluntary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TALC LLA Project Director Survey, Winter 2007

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policy that regulates tobacco advertising

1.1.4 Number and type of tobacco billboards that do not exceed 14 square feet that appear on the property of retail stores

1.1.5 Number and type of Master Settlement Agreement violations by tobacco companies for outdoor advertising, print advertising, sponsorship, and promotional requirements

1.1.6 Number and type of tobacco company sponsorship at public and private events -or- Proportion of entertainment and sporting venues with a voluntary policy that regulates tobacco company sponsorship -or- Proportion of communities with a policy that regulates tobacco company sponsorship at entertainment and sporting venues

1.1.7 Number and type of tobacco company sponsorship and advertising at bars and clubs -or- Proportion of bars and clubs with a voluntary policy prohibiting tobacco company sponsorship and advertising

1.1.8 Number and type of tobacco company sponsorship and advertising at college-related events -or- Proportion of colleges with a policy that regulates tobacco company sponsorship and advertising

1.1.9 Amount of tobacco company contributions to institutions and groups such as education, research, etc. -or- Proportion of groups and institutions that have a voluntary policy prohibiting tobacco company contributions

1.1.10 Amount of tobacco industry contributions to support political campaigns of elected officials or political caucuses -or- Proportion of elected officials or political caucuses that have signed a pledge not to accept tobacco company contributions

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.1.11 Number and type of tobacco use, tobacco advertising, and secondhand smoke depiction by the entertainment industry -or- The extent that elected officials, parent organizations, health groups, and others adopt resolutions and voluntary policies that promote a socially responsible depiction of tobacco use, tobacco advertising, and secondhand smoke by the entertainment industry

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1.1.12 Extent of the availability of candy look-alike tobacco products -or- Proportion of businesses that adopt a voluntary policy not to sell candy look-alike tobacco products

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1.1.13 Amount and quality of news media stories about tobacco industry practices and political lobbying

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1.1.14 Proportion of schools or school districts that have a policy regulating the display or wearing of tobacco promotional items at school

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2. We would like to know which community indicators for PRIORITY AREA: COUNTER PRO-TOBACCO INFLUENCES - Reduce Tobacco Industry Influence Economic Indicators you are likely to include in your Scope of Work AND which indicators you would need assistance with from ANY of the six statewide projects listed below.

	LIKELY TO WORK ON	Would Need TALC's Help	Would Need the Center's Help	Would Need CCAP's Help	Would Need CYAN's Help	Would Need TECC's Help	Would Need the Evaluation Center's Help
1.2.1 Number and type of public and private institutions divested from tobacco stock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2.2 Number and type of public and private employers that offer discounted health insurance premiums for non-tobacco users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2.3 Number and type of public school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

districts, public institutions, social service agencies, or conferences that adopt a policy indicating that tobacco company subsidiary food products will not be bought or accepted as donations

1.2.4 Proportion of communities with policies that increase the price of tobacco products and generate revenue with a portion of the revenue earmarked for tobacco control efforts (e.g., taxes, mitigation fees)

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3. We would like to know which community indicators for PRIORITY AREA: COUNTER PRO-TOBACCO INFLUENCES - School and Community-based Prevention you are likely to include in your Scope of Work AND which indicators you would need assistance with from ANY of the six statewide projects listed below.

	LIKELY TO WORK ON	Would Need TALC's Help	Would Need the Center's Help	Would Need CCAP's Help	Would Need CYAN's Help	Would Need TECC's Help	Would Need the Evaluation Center's Help
1.3.1 Proportion of schools that provide instruction on tobacco-use prevention that meets CDC guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3.2 Proportion of schools or school districts that provide tobacco use prevention specific instruction for teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3.3 Proportion of schools or school districts that involve families in support of school-based tobacco use prevention or cessation programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3.4 Proportion of youth programs that provide intensive tobacco use prevention instruction using a curricula that provides instruction on the negative physiologic and social consequences of tobacco use, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. We would like to know which community indicators for PRIORITY AREA: COUNTER PRO-TOBACCO INFLUENCES - *Physical Environment* you are likely to include in your Scope of Work AND which indicators you would need assistance with from ANY of the six statewide projects listed below.

	LIKELY TO WORK ON	Would Need TALC's Help	Would Need the Center's Help	Would Need CCAP's Help	Would Need CYAN's Help	Would Need TECC's Help	Would Need the Evaluation Center's Help
1.4.1 The amount of tobacco-related litter at public places including parks, playgrounds, beaches, etc. -or- Proportion of communities with a policy that prohibits tobacco litter in public places	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

5. We would like to know which community indicators for PRIORITY AREA: COUNTER PRO-TOBACCO INFLUENCES - *Global Movement* you are likely to include in your Scope of Work AND which indicators you would need assistance with from ANY of the six statewide projects listed below.

	LIKELY TO WORK ON	Would Need TALC's Help	Would Need the Center's Help	Would Need CCAP's Help	Would Need CYAN's Help	Would Need TECC's Help	Would Need the Evaluation Center's Help
1.5.1 Number of local resolutions in support of national policies to hold U.S. tobacco companies to the same standards in the sale and marketing of their products nationally and internationally	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.5.2 Number of local resolutions in support of national policies to hold U.S. tobacco companies to the same standards in their production of tobacco products nationally and internationally (e.g., pesticide use, genetic engineering, etc.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.5.3 Number of local resolutions in support of the WHO Framework Convention on Tobacco Control	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

1.5.4 Amount and quality of information and resources exchanged between local and national/international tobacco control efforts for the purpose of countering tobacco industry marketing and sales

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6. We would like to know which community indicators for PRIORITY AREA: REDUCE EXPOSURE TO SECONDHAND SMOKE - Enforcement/Compliance you are likely to include in your Scope of Work AND which indicators you would need assistance with from ANY of the six statewide projects listed below.

	LIKELY TO WORK ON	Would Need TALC's Help	Would Need the Center's Help	Would Need CCAP's Help	Would Need CYAN's Help	Would Need TECC's Help	Would Need the Evaluation Center's Help
2.1.1 Number of compliance checks conducted by enforcement agencies for violations of indoor smoke-free worksite policies, excluding bars and gaming policies... -or- Proportion of worksites in compliance with indoor smoke-free worksite policies excluding bars and gaming policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.2 Number of compliance checks conducted by tribal enforcement agencies for violations with American Indian tribal indoor smoke-free worksite policies, excluding gaming/leisure complexes policies... -or- Proportion of worksites in compliance with indoor smoke-free American Indian worksite policies, excluding gaming/leisure complexes policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.3 Number of compliance checks conducted by enforcement agencies for violations of indoor smoke-free bar and gaming worksite policies... -or- Proportion of worksites in compliance with indoor smoke-free bar and gaming worksite policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.1.4 Number of compliance checks conducted by American Indian enforcement agencies for violations of American Indian tribal indoor smoke-free **gaming/leisure complex** worksite policies... -or- Proportion of worksites in compliance with American Indian tribal indoor smoke-free **gaming/leisure complex** worksite policies

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2.1.5 Proportion of schools or school districts in compliance with the state law that prohibits the use of tobacco by all students, school staff, parents, and visitors in public school district-owned or leased buildings, etc.

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2.1.6 Number of compliance checks conducted by enforcement agencies for violations of policies that prohibit smoking within 20 feet of more of doorways, windows, vents, and openings... -or- Proportion of worksites in compliance with policies that prohibit smoking within 20 feet or more of doorways, windows, vents, and openings

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2.1.7 Number of compliance checks conducted by enforcement agencies for violations of policies that regulate smoking in outdoor recreational facilities, areas, and venues... -or- Proportion of outdoor recreational facilities, areas, and venues in compliance with policies that regulate smoking

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2.1.8 Proportion of communities with policies that include enforcement mechanisms in smoke-free multi-unit housing laws, such as enforcement by government agencies, enforcement by tenants and/or landlords; and enforcement by private citizens

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2.1.9 Number of compliance checks conducted by enforcement agencies for

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violations of policies that regulate smoking in vehicles when minors are present... -or- Proportion of vehicles in compliance with policies that prohibit smoking in vehicles when minors are present

2.1.10 Number of compliance checks conducted by enforcement agencies for violations of policies that regulate smoking in outdoor public areas not primarily intended for recreational use, such as walkways, streets, plazas, etc. ... -or- Proportion of public places, not primarily intended for recreational use, that are in compliance with policies that regulate smoking in these places

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7. We would like to know which community indicators for PRIORITY AREA: REDUCE EXPOSURE TO SECONDHAND SMOKE - Policy you are likely to include in your Scope of Work AND which indicators you would need assistance with from ANY of the six statewide projects listed below.

	LIKELY TO WORK ON	Would Need TALC's Help	Would Need the Center's Help	Would Need CCAP's Help	Would Need CYAN's Help	Would Need TECC's Help	Would Need the Evaluation Center's Help
2.2.1 Proportion of homes with a smoker in the household who report their home is smoke-free -or- Proportion of families with a policy that does not permit smoking in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.2 Proportion of families with a smoker who report their personal vehicles are smoke-free -or- The proportion of families with a policy that does not permit smoking in their personal vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.3 Proportion of businesses on American Indian lands with a voluntary smoke-free workplace policy, excluding casino/leisure complexes , that is consistent with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

protection provided to other California workers -or- Proportion of American Indian tribes with a smoke-free worksite policy, **excluding casino/leisure complexes**

2.2.4 Proportion of communities with a policy that regulates indoor worksite smoking in those areas that are exempted by the state smoke-free workplace law, such as owner operated bars and tobacco shops **excluding hotels**

2.2.5 Proportion of hotels/motels with a voluntary policy that designates certain indoor and outdoor areas as smoke-free -or- Proportion of communities with hotel/motel policies that designates certain indoor and outdoor areas as smoke-free

2.2.6 Proportion of outdoor restaurant and bar businesses with a voluntary policy that designates outdoor dining and bar areas as smoke-free, including use of cigarettes, cigars, and hookahs -or- Proportion of communities with a policy that designates outdoor dining and bar areas as smoke-free

2.2.7 Proportion of non-dining outdoor worksites (e.g., construction sites, lumber mills, forests) with a voluntary policy designating the worksite as smoke-free -or- Proportion of communities with a policy that designates non-dining outdoor worksites as smoke-free

2.2.8 Proportion of worksites with a voluntary policy that prohibits smoking within 20 feet or more of all doorways, windows, vents, and openings -or- Proportion of communities with a policy that prohibits smoking within 20 feet or more of all doorways, windows, vents, etc.

2.2.9 Proportion of outdoor public areas, not

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

primarily intended for recreational use, with a voluntary policy that regulates smoking, such as walkways, streets, plazas, etc. -or- Proportion of communities with a policy regulating smoking at outdoor public areas that are not primarily intended for recreational use

2.2.10 Proportion of health care facilities, drug and rehab facilities, and residential care facilities for the elderly, developmentally disabled, or mentally disabled with a voluntary policy that prohibits smoking by employees, residents, and visitors on the premises

2.2.11 Proportion of multi-unit housing complexes with a voluntary policy that designates common **outdoor** areas as smoke-free, such as playground, swimming pool area, and entrances -or- Proportion of communities with a policy that designates common outdoor areas of multi-unit housing complexes as smoke-free, and/or resolutions encouraging owners or managers of multi-unit housing to adopt policies creating smoke-free outdoor common areas

2.2.12 Proportion of multi-unit housing complexes with a voluntary policy designating **indoor** common areas as smoke-free, such as laundry room, hallways, stairways, and lobby area -or- Proportion of communities with a multi-unit housing policy that prohibits smoking in indoor common areas, and/or resolutions encouraging owners or managers of multi-unit housing to adopt policies creating smoke-free indoor common areas

2.2.13 Proportion of multi-unit housing owners and/or operators with a voluntary policy that restricts smoking in **individual**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

units -or- Proportion of communities with a policy that restricts smoking in the individual units of multi-unit housing, and/or resolutions encouraging owners or managers of multi-unit housing to adopt policies creating smoke-free individual units

2.2.16 Proportion of outdoor recreational facilities, areas, and venues with a voluntary policy that regulates smoking in places such as amusement parks, beaches, etc. -or- Proportion of communities with a policy that regulates smoking at outdoor recreational facilities, areas, and venues

2.2.17 Proportion of *private* elementary and high schools that designate campuses as tobacco-free

2.2.18 Proportion of foster care homes or agencies with a voluntary policy that regulates smoking -or- Proportion of communities with a policy or resolution that regulates smoking within foster care homes

2.2.19 Proportion of businesses and venues with a voluntary policy that regulates smoking in outdoor waiting lines -or- Proportion of communities with a policy that regulates smoking in outdoor waiting lines

2.2.20 Proportion of faith community organizations with a policy that regulates smoking on their grounds and at events

2.2.21 Proportion of communities with a policy that prohibits smoking in cars when minors are present

2.2.22 Proportion of communities that use zoning regulations, building codes, housing or other general plan elements, HUD consolidation plans, permitting processes, etc., to increase the amount of smoke-free indoor or outdoor areas in multi-unit housing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

housing

2.2.23 Proportion of communities with a policy that requires landlords, affordable housing providers, condo associations, etc., to disclose the location of smoking and non-smoking units, the smoking history of a unit, and require rental vacancy listings to include a category for smoking and non-smoking units

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2.2.24 Proportion of communities with a policy declaring non-consensual exposure to secondhand smoke as a nuisance

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2.2.25 Proportion of businesses with a voluntary policy that designates American Indian casino/leisure complexes as smoke-free to a level that is consistent with protection provided to other California workers -or- Proportion of American Indian tribes with a policy that designates casino/leisure complexes as smoke-free

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

8. We would like to know which community indicators for PRIORITY AREA: REDUCE AVAILABILITY OF TOBACCO - Enforcement/Compliance you are likely to include in your Scope of Work AND which indicators you would need assistance with from ANY of the six statewide projects listed below.

	LIKELY TO WORK ON	Would Need TALC's Help	Would Need the Center's Help	Would Need CCAP's Help	Would Need CYAN's Help	Would Need TECC's Help	Would Need the Evaluation Center's Help
3.1.1 Number of compliance checks conducted by enforcement agencies for violations of policies that prohibit the sale of tobacco to minors and that require ID checking... -or- Proportion of tobacco retailers in compliance with policies that prohibit the sale of tobacco to minors and that require ID checking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.1.2 Number of compliance checks conducted by enforcement agencies for violations of policies that require tobacco retailers to post the **STAKE Act** warning sign... -or- Proportion of tobacco retailers in compliance with policies that require tobacco retailers to post the STAKE Act warning sign

☐ ☐ ☐ ☐ ☐ ☐ ☐

3.1.3 Number of compliance checks conducted by enforcement agencies for violations of policies that prohibit the sale of cigarettes and other tobacco products from **self-service displays**... -or- Proportion of tobacco retailers in compliance with policies that prohibit the sale of cigarettes and other tobacco products from self-service displays

☐ ☐ ☐ ☐ ☐ ☐ ☐

3.1.4 Number of compliance checks conducted by enforcement agencies for violations of policies that prohibit the sale of **bidis** to businesses where minors are not allowed access... -or- Proportion of businesses in compliance with policies that prohibit the sale of bidis to businesses where minors are not allowed access

☐ ☐ ☐ ☐ ☐ ☐ ☐

3.1.5 Number of compliance checks conducted by enforcement agencies for violations of policies that restrict the placement of tobacco **vending machines**... -or- Proportion of businesses in compliance with policies that restrict the placement of tobacco vending machines

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3.1.6 Number of compliance checks conducted by enforcement agencies for violations of policies that prohibit the sale of **single cigarettes**... -or- Proportion of businesses in compliance with policies that prohibit the sale of single cigarettes

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3.1.7 Number and type of Master Settlement Agreement violations by tobacco companies

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or tobacco sale and distribution requirements

3.1.8 Number of agencies that include bidis, cigars, smokeless tobacco, hookah tobacco, or nicotine-related products not meant for cessation as part of compliance checks for enforcement of illegal tobacco sales to minors

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3.1.9 Number of compliance checks conducted by enforcement agencies for violations of policies that prohibit the distribution of **free or low-cost tobacco products**... -or- Proportion of venues and businesses in compliance with policies that prohibit the distribution of free or low-cost tobacco products, etc.

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3.1.10 Number of compliance checks conducted by enforcement agencies for violations of policies that require tobacco retailers to post their **tobacco retail license**... -or- Proportion of tobacco retailers in compliance with policies that require tobacco retailers to post their tobacco retail license

☐ ☐ ☐ ☐ ☐ ☐ ☐

9. We would like to know which community indicators for PRIORITY AREA: REDUCE AVAILABILITY OF TOBACCO--
Policy you are likely to include in your Scope of Work AND which indicators you would need assistance with from **ANY** of the six statewide projects listed below.

	LIKELY TO WORK ON	Would Need TALC's Help	Would Need the Center's Help	Would Need CCAP's Help	Would Need CYAN's Help	Would Need TECC's Help	Would Need the Evaluation Center's Help
3.2.1 The Proportion of communities with a tobacco retail licensing policy that earmarks a portion of the license fee for enforcement activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2.2 Proportion of communities with zoning policy that regulates the number, location, and density of tobacco retail outlets (e.g., conditional use permits)

☐ ☐ ☐ ☐ ☐ ☐ ☐

3.2.4 Proportion of venues with voluntary policy that prohibits the distribution of free or low-cost tobacco products, etc. -or- Proportion of communities or events with a policy that prohibits the distribution of free or low-cost tobacco products, etc.

☐ ☐ ☐ ☐ ☐ ☐ ☐

3.2.5 The proportion of communities with a policy that eliminates all tobacco vending machine sales

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3.2.6 The proportion of communities with a policy that prohibits tobacco sales via mobile vendors

☐ ☐ ☐ ☐ ☐ ☐ ☐

3.2.7 The proportion of independent and chain pharmacy stores with a voluntary policy to NOT sell tobacco products -or- Proportion of communities with a policy that prohibits the sale of tobacco products by independent and chain pharmacy stores

☐ ☐ ☐ ☐ ☐ ☐ ☐

3.2.8 Proportion of communities with a policy or resolution that regulates the sale of tobacco and nicotine containing products that are not intended to facilitate tobacco cessation, but rather are promoted as having lower health risks in comparison to traditional tobacco products

☐ ☐ ☐ ☐ ☐ ☐ ☐

10. We would like to know which community indicators for PRIORITY AREA: REDUCE AVAILABILITY OF TOBACCO-- Behavior you are likely to include in your Scope of Work AND which indicators you would need assistance with from ANY of the six statewide projects listed below.

**LIKELY
TO
WORK**

Would
Need
TALC's

Would
Need the
Center's

Would
Need
CCAP's

Would
Need
CYAN's

Would
Need
TECC's

Would
Need the
Evaluation
Center's

	ON	Help	Help	Help	Help	Help	Help
3.3.1 Proportion of minors reporting they have received tobacco products from a social source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. We would like to know which community indicators for PRIORITY AREA: PROMOTE TOBACCO CESSATION SERVICES -- *Provision of Cessation Services* you are likely to include in your Scope of Work AND which indicators you would need assistance with from ANY of the six statewide projects listed below.

	LIKELY TO WORK ON	Would Need TALC's Help	Would Need the Center's Help	Would Need CCAP's Help	Would Need CYAN's Help	Would Need TECC's Help	Would Need the Evaluation Center's Help
4.1.1 Number of culturally and linguistically appropriate behavior modification-based tobacco cessation services that are available and well utilized in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1.2 Proportion of schools or school districts that support cessation interventions for students and staff who use tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1.3 Number of tobacco cessation programs that provide free or low-cost pharmacological quitting aids for cessation program participants who are not eligible for this benefit through a government or employer subsidized health insurance plan...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. We would like to know which community indicators for PRIORITY AREA: PROMOTE TOBACCO CESSATION SERVICES -- *Cessation Policy* you are likely to include in your Scope of Work AND which indicators you would need assistance with from ANY of the six statewide projects listed below.

LIKELY TO WORK ON	Would Need TALC's Help	Would Need the Center's Help	Would Need CCAP's Help	Would Need CYAN's Help	Would Need TECC's Help	Would Need the Evaluation Center's Help
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4.2.1 Number of public employee health insurance purchasers that require the provision of tobacco cessation behavior and pharmacotherapy services consistent with the U.S. Public Health Service clinical practice guidelines *Treating Tobacco Use and Dependence*

☐ ☐ ☐ ☐ ☐ ☐ ☐

4.2.2 Number of managed care organizations in the community that have implemented the U.S. Public Health Service clinical practice guidelines *Treating Tobacco Use and Dependence*

☐ ☐ ☐ ☐ ☐ ☐ ☐

4.2.3 Extent of policies that restrict or prohibit use of alternative tobacco products (e.g., smokeless tobacco) at the worksite

☐ ☐ ☐ ☐ ☐ ☐ ☐

4.2.4 Number of alcohol and drug treatment, mental health treatment, migrant clinics, and other health or social service agencies that have implemented the U.S. Public Health Service clinical practice guidelines *Treating Tobacco Use and Dependence*

☐ ☐ ☐ ☐ ☐ ☐ ☐

13. Which of the six statewide projects did you seek assistance from in the past year? (Please check all that apply.)

TALC

The Center

CCAP

CYAN

TECC

Evaluation
Center

☐

☐

☐

☐

☐

☐

14. For EACH of the six statewide projects listed below, please select which type of ACTIVITY you think best serves you. (Please select ONE activity type for each project.)

TALC

The
Center

CCAP

CYAN

TECC

Evaluation
Center

One-on-one assistance

☐

☐

☐

☐

☐

☐

Written materials

☐

☐

☐

☐

☐

☐

Trainings



15. Are there any NEW types of activities that any of the above projects should provide to advocates? If so, please list and specify which project you think should work on that activity.

16. Are there other types of WRITTEN MATERIALS that you would suggest for any of the above projects? If so, please list and specify which project you think should develop the materials.

17. For each of the six statewide projects listed below, what do you think is the most useful way to receive PUBLICATIONS from them? (Please select ONE delivery type for each project.)

	TALC	The Center	CCAP	CYAN	TECC	Evaluation Center
In print, mailed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PDF documents, via email or website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Searchable web pages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. For each of the six statewide projects listed below, how would you prefer they deliver TRAININGS? (Please

select ONE delivery method for each project.)

	TALC	The Center	CCAP	CYAN	TECC	Evaluation Center
In-person statewide training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-person regional training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smaller more focused trainings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teleconferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web-based trainings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Are there any other methods that you think any of the above projects should consider to deliver TRAININGS?
If so, please list and specify which project.

20. What other recommendations do you have for any of the above projects? New products? Different services?
Let us know!!

Done >>

**Statewide Training and Technical Assistance Projects
of the
California Tobacco Control Program**

Project	California Clean Air Project
Target Audiences	TCS-funded projects, hospitality and housing industry, policy makers, law enforcement agencies, and the general public.
Purpose	Provides statewide secondhand smoke (SHS) specific training, technical assistance, and educational materials to increase programs skills and capacity to deliver effective SHS interventions in both indoor and outdoor settings. Conducts SHS policy campaigns.
Training and Technical Assistance Services	Provides one-on-one in person consultation meetings; one-on-one telephone technical assistance local/regional trainings; group teleconferences; conference presentations; and web bulletin board.
Publications and Materials	Produces and disseminates fact sheets; enforcement guides; ideas for action; ideas for policy implementation; and SHS policy campaign- specific materials.
Other Services and Activities	Conducts SHS policy campaigns targeting multi-unit housing and American Indian gaming; maintains a searchable SHS policy database.
Agency	ETR Associates
Website	http://ccap.etr.org

Project	California Youth Advocacy Network
Target Audiences	California Tobacco Control Program-funded projects, tobacco control professionals, and young people.
Purpose	Supports youth, young adults and tobacco control professional to advocate for a tobacco-free California through the provision of tangible tools and specialized campaigns addressing youth and young adult tobacco-related issues.
Training and Technical Assistance Services	Provides local/regional trainings; one-on-one telephone technical assistance; statewide trainings; conference presentations; quarterly networking calls; conducts annual Youth Quest which includes legislative training for youth, visits to elected officials, and press conference activities; coordinates FUSION an online youth advocacy movement that facilitates networking and collaboration on youth-led policy initiatives.
Publications and Materials	Produces and disseminates tool kits and action guides that include PowerPoint presentations, sample letters, sample petitions and resolutions, sample press releases, and fact sheets; guides on working with youth, policy, and college campus cessation; and policy campaign-specific materials.
Other Services and Activities	Conducts Tobacco Retail Licensing Campaign; Tobacco and Hollywood Campaign; COUGH campaign that addresses tobacco issues on public college and university campuses. Addresses cessation issues in the active duty military through Project UNIFORM (Undo Nicotine Influence From Our Respected Military) and have developed a website that provides news, resources and materials for organizations who are working with the military community on cessation strategies.
Agency	Public Health Enterprises, Inc.
Website	www.cyanonline.org ; www.projectuniform.org

Project	Capacity Building Center for Diverse Populations
Target Audiences	California Tobacco Control Program-funded projects.
Purpose	Centralized source to access training, technical assistance, and key resources designed to enhance the capacity of CDHS/TCS-funded projects to engage, work with, and conduct tobacco control programs in the following communities: African American, American Indian/Alaskan Native, Asian and Pacific Islander, Hispanic/Latino, Lesbian/Gay/Bisexual/Transgender, Low Socio-economic Status, Blue & Pink Collar workers, and Rural Residents.
Training and Technical Assistance Services	Not yet funded; however, it is anticipated that the following will be provided: one-on-one consultations; local/regional face-to-face and webinar trainings; networking conference calls; Web-based interactive courses; peer-to-peer exchanges; and listservs. It is anticipated that the content of services will include assessing organizational and business practices for cultural competency, how to frame tobacco issues for diverse audiences, how to engage diverse audiences in tobacco control policy efforts, and how to tailor educational, policy, media, and evaluation services for diverse audiences.
Publications and Materials	Not yet operational, but it is anticipated that how-to guides and tip sheets targeting tobacco control professionals will be developed and disseminated.
Other Services and Activities	Not funded yet
Agency	Not funded yet
Website	Not funded yet

Project	The Center for Tobacco Policy and Organizing
Target Audiences	California Tobacco Control Program-funded projects and their coalitions.
Purpose	Assists California Tobacco Control Program-funded projects to conduct effective tobacco control policy campaigns through the provision of resources, tools and effective strategy development.
Training and Technical Assistance Services	Provides local/regional workshops on community and political organizing, coalition member recruitment, coalition building, strategic planning, completing the Midwest Academy Strategy Chart; one-on-one telephone consultations; conference presentations; and coordinates annual state and district information and education visits to elected officials which includes training for TCS-funded projects and their coalition members.
Publications and Materials	Produces and disseminates special reports related to tobacco industry lobbying, tobacco control legislation, state budget, community level policy diagnosis, and strategic planning tools; and newsletters.
Other Services and Activities	Tracks key tobacco control legislation; tracks tobacco industry contributions to elected officials; and tracks tobacco policy voting records of elected officials.
Agency	American Lung Association of California
Website	www.california.lung.org/the-center

Project	The Center for Tobacco Cessation Training and Technical Assistance
Target Audiences	California Tobacco Control Program-funded projects, health care providers, social service providers, voluntary health organizations and others engaged in motivating and delivering tobacco cessation messages and services to tobacco users.
Purpose	Enhance and improve the capacity of those who provide services to tobacco users to motivate and provide effective tobacco cessation assistance.
Training and Technical Assistance Services	Not yet in operation. However, it is anticipated that local/regional face-to-face trainings and webinars, and telephone technical assistance services will be provided.
Publications and Materials	Not yet operational, but it is anticipated that how-to guides and tip sheets will be developed and disseminated that summarize the effectiveness of various cessation strategies, how- to tailor cessation services for diverse audiences, motivating quit attempts, and other topics.
Other Services and Activities	Provides intensive telephone tobacco use cessation services for smokers and chew users in English, Spanish, Cantonese, Mandarin, Korean, Vietnamese, and the hearing impaired. Provides tailored services to teen and pregnant smokers. Disseminates multi-lingual self-help cessation materials and provides referral to local cessation services. Partners with the California Diabetes Program, American Academy of Pediatrics, Smoking Cessation Leadership Center and others on specialized campaigns. Conducts cessation-related research.
Agency	University of California San Diego
Website	www.californiasmoekrshelpline.org

Project	Technical Assistance Legal Center
Target Audiences	California Tobacco Control Program funded projects, tobacco control advocates, health professionals, government attorneys, elected officials, and law enforcement agencies.
Purpose	Clearinghouse on tobacco policy issues and legal advice provided by a team of high quality attorneys and law enforcement officers.
Training and Technical Assistance Services	Provides one-on-one consultations; local/regional trainings on legal and law enforcement issues; conference presentations; and comment on draft ordinances, resolutions or policies. Coordinates e-mail listserv; and maintains a Web-based archive of "Ask an Attorney" questions and answers.
Publications and Materials	Produces and disseminates model ordinances and voluntary policies; enforcement tools; summary of state laws; case studies; fact sheets; analyses of the impact of state/federal court decisions and propositions on local tobacco policy efforts.
Other Services and Activities	None
Agency	Public Health Institute
Website	www.phi.org/talc

Project	The Tobacco Education Clearinghouse of California
Target Audiences	California Tobacco Control Program funded projects are provided access to training, technical assistance, and library reference and circulation services. Health organizations and the public have access to bulk-distribution of educational materials.
Purpose	Provide: access to current-tobacco related research and professional resources to ensure the evidence-base of California tobacco projects; assistance with materials development; and bulk distribution of no-cost/low cost consumer-oriented educational materials.
Training and Technical Assistance Services	Provides one-on-one consultations related to materials development including advice on layout, design, selecting artwork, copyright issues, how to use focus groups, apply readability tests, do field testing and how to work with graphic designers, printers and other vendors. Will provide editing services. Local/regional trainings and conference presentations on materials development. Maintain a Web-based “frequently asked questions” related to materials development. Free customized library reference and circulation services include online “Ask a Librarian” service.
Publications and Materials	Produces and disseminates guides on materials development including: layout and design, citations, field testing, and translation considerations. Proactively disseminates “Top Ten Resources” list on hot topics in tobacco control. Publishes electronic newsletter once per month that summarizes recent tobacco control research. A limited number of tobacco control reports and educational materials are also available for download from their website. Disseminates online and print educational materials sales catalog.
Other Services and Activities	Bulk distribution of low-cost/no cost educational materials. Customization of educational materials. Partner with the California Tobacco Control Program on a Web-based library catalog known as <i>ROVER</i> .
Agency	ETR Associates
Website	www.tecc.org

Project	The Tobacco Control Evaluation Center
Target Audiences	California Tobacco Control Program funded project staff and their local program evaluators.
Purpose	Empowers TCS-funded projects to understand and solve their challenges related to evaluating their programs through the provision of training, technical assistance, and data collection instruments and protocols.
Training and Technical Assistance Services	Provides one-on-one consultations, in-person and webinar trainings, conference presentations related to: evaluation planning, sampling, selecting the most appropriate data collection method, conducting key informant interviews, collecting and organizing policy records, disseminating findings, etc.
Publications and Materials	Produces and disseminates evaluation-related tips and tools on selecting data collection methods, collecting and analyzing qualitative data collection, writing an evaluation report, etc.
Other Services and Activities	Maintains a database of local program evaluation data collection instruments.
Agency	University of California Davis
Website	http://tobaccoevalu.ucdavis.edu

Sample: Scope of Work: Overview & Intervention Activities

Contract Number:

Contract Term: 11/01/2007 - 06/30/2010

Agency Name: Sample Agency

Effective Date: 11/01/2007

Project Name: Capacity Building Center for Diversity

Plan Version ID: 0.1

Project Type: CG: Statewide

Report Generated: 03/10/2007 07:11 PM

Objective ID

Overview

Objective ID: Not Yet Assigned

Primary Asset (3.7) Extent to which a tobacco control program implements organizational policies and practices that promote and institutionalize the provision of culturally competent and linguistically appropriate services for diverse populations, including organizational values that articulate commitment to cultural competency, participatory collaborative planning, provision of community capacity building, translation policies, staff diversity, and formative research/surveillance within diverse communities

Secondary Asset (3.4) Extent that educational and media materials used by the agency reflect the culture, ethnicity, sexual orientation, and languages of the communities served, relative to the demographics of the community

Objective: By June 30, 2010, Provide cultural competency and diversity-specific technical assistance, training, and key resource materials to at least 100 unique CDHS/TCS-funded agencies annually (e.g., LLAs, CGs) to increase their skills and capacity to engage, work with and deliver tobacco control educational, policy and media interventions targeting African Americans, American Indians, Asian Pacific Islander, Hispanic/Latino, Lesbian/Gay/Bisexual/Transgender, Low Socio-economic status, rural, and blue/pink collar communities and populations.

Primary Objective? Yes

Audience Group(s)	General Population Group(s)	Specific Ethnic Population Group(s)
Advocates	Multi-ethnic	

Summary of Interventions to Achieve the Objective:

- Conduct leadership training
- Conduct policy/advocacy training
- Conduct recruitment activities to expand non-traditional partners on coalition/advisory committee

Intervention Plan

Activity	%	Tracking Measures	©	Responsible Parties
Coordination/Collaboration Activities				
<p>Review and analyze needs assessment findings conducted by other CDHS/TCS funded statewide training and technical assistance projects to identify common themes related to cultural competency and diversity. Produce a summary report with recommendations for the Capacity Building Center as it relates to training, technical assistance, and resource needs, strengths, weaknesses, challenges and opportunities.</p> <p>Start Period: 07/07-12/07 End Period: 01/08-06/08</p>	.50%	<p>Submitted Summary Analysis with recommendations</p> <p>On File Copies of NA reports</p>	No	<p>Budgeted Local Program Evaluator Program Consultant</p> <p>Non-Budgeted</p>
<p>Via telephone and email, contact each of the other CDHS/TCS statewide training and technical assistance providers to introduce the Capacity Building Center for Diverse Population staff, share project goals and scope of work, and discuss opportunities for coordination and collaboration.</p> <p>Start Period: 07/07-12/07 End Period: 01/08-06/08</p>	.00%	<p>Submitted</p> <p>On File Telephone notes</p>	No	<p>Budgeted Project Director</p> <p>Non-Budgeted</p>
<p>In coordination with CDHS/TCS and within two months of the contract start date, conduct an online needs assessment among CDHS/TCS funded agencies to: 1) determine resource materials, trainings, and technical assistance needs; 2) assess baseline satisfaction with the quality and quantity of statewide cultural competency and diversity services; 3) assess barriers to providing cultural/competency training and technical assistance; and 4) local resources to address cultural competency/training and potential positive case studies. Follow-up online needs assessment after 18 months, and again one-month prior to the end of the contract period. Disseminate needs assessment findings through the Capacity Building Center's website, PARTNERS, and share the findings as appropriate at local, regional and statewide teleconferences and meetings. Needs assessment findings will be used to modify and improve the services provided by the Capacity Building Center.</p>	1.00%	<p>Submitted 3 Needs Assessment Finding Reports Needs Assessment Instrument</p> <p>On File</p>	No	<p>Budgeted Local Program Evaluator Project Director</p> <p>Non-Budgeted</p>

Start Period: 07/07-12/07 End Period: 01/10-06/10				
<p>Proactively market the services of the Capacity Building Center through opportunities such as participation in CDHS/TCS workgroups and committees, LLA Coalitions, Prop. 99 Issues teleconferences, CDHS/TCS Statewide Projects' meetings, and other CDHS/TCS trainings and conferences. Request all CDHS/TCS funded projects that have a website to place a link to the Capacity Building Center's website on their website, posting training announcements on the PARTNERS/OTIS calendar, and post announcements about trainings and events on PARTNERS.</p> <p>Start Period: 07/07-12/07 End Period: 01/10-06/10</p>	.00%	<p>Submitted</p> <p>On File Marketing/Participation log</p>	No	<p>Budgeted Program Consultant</p> <p>Non-Budgeted</p>
<p>Design, maintain, and market a website that promotes the services of the Capacity Building Center. Design steps will include: consulting with the TCS, Library Services Information Services Unit (LISU), reviewing needs assessment results, analyzing other statewide training and technical assistance project websites, and soliciting input from LLAs, and Competitive Grantees (CGs). At a minimum the website will include contact information, description of services provided, schedule of trainings, downloadable resource materials, "Ask for Assistance", web-based interactive course offerings, and links to other resources.</p> <p>Start Period: 07/07-12/07 End Period: 01/10-06/10</p>	5.00%	<p>Submitted website URL</p> <p>On File Meeting notes</p>	Yes	<p>Budgeted Project Director, We design subcontractor</p> <p>Non-Budgeted</p>
<p>Place 6-8 PARTNERS postings annually to Strategy Exchange or DHS/TCS Update concerning cultural competency and diversity issues. Postings will include announcements regarding trainings and proactive notifications of availability of technical assistance</p> <p>Start Period: 07/07-12/07 End Period: 01/10-06/10</p>	.50%	<p>Submitted Copies of postings</p> <p>On File</p>	No	<p>Budgeted Program Consultant</p> <p>Non-Budgeted</p>

<p>Develop a 2 color marketing tri-fold brochure that describes the Capacity Building Center's services. Draft and field test the brochure with LLAs, CGs, and the CDHS/TCS prior to finalization. Ensure that appropriate releases are obtained for any artwork or photos used in the brochure. Print 500-1000 copies. Disseminate via mail, website, conferences and trainings.</p> <p>Start Period: 07/07-12/07 End Period: 01/08-06/08</p>	.50%	<p>Submitted Project Brochure</p> <p>On File</p>	Yes	<p>Budgeted Graphic Design Consultant Program Consultant</p> <p>Non-Budgeted</p>
<p>Develop a cultural competency/diversity organizational practices needs assessment tool for CDHS/TCS funded projects to assess strengths and weaknesses of the agency related to the following: a) staff recruitment, b) staff training, c) coalition recruitment and retention, d) appropriateness of educational, policy and media strategies, e) linguistically and culturally appropriate educational and advertising materials, etc. Pilot test the tool with 5 to 10 LLAs and CGs who reside in rural, suburban, and urban areas. Revise and finalize.</p> <p>Start Period: 01/08-06/08 End Period: 01/08-06/08</p>	2.00%	<p>Submitted Cultural Competency & Diversity Organizational Practices NA tool Pilot Test Results</p> <p>On File</p>	Yes	<p>Budgeted Local Program Evaluator Program Consultant</p> <p>Non-Budgeted</p>
<p>Develop a series of tip sheets and/or how-to guides that provide suggestions for framing the tobacco control issue, engaging, recruiting, and tailoring programs for diverse community audiences including: African American, American Indian, Asian Pacific Islander, Hispanic/Latino, LGBT, Low SES, Blue/Pink collar workers, and rural residents. In total 4-10 products will be produced and they will be 1-4 pages in length. Pilot test each tip sheet/how-to guide with 3-10 LLAs, CG and the CDHS/TCS prior to finalization. Seek assistance from TECC on the design and layout for the series of tip sheets/how-to guides. Disseminate 200 to 500 via mail/listserv and make available for download from website. Send to TECC.</p> <p>Start Period: 01/08-06/08 End Period: 01/08-06/08</p>	5.00%	<p>Submitted Tip sheets/how-to guides</p> <p>On File</p>	Yes	<p>Budgeted Program Consultant</p> <p>Non-Budgeted</p>
Create 3-7 case studies that are drawn from the work of CHDS/TCS-funded	10.00%	Submitted	Yes	Budgeted

<p>projects. These may depict: 1) model efforts to enhance cultural competence and diversity aspects of a project; 2) strong integration of culturally and linguistically competent approaches to tobacco control work in a specific community; or 3) other topics identified in the needs assessment. The purpose of the case studies is to highlight model efforts aimed at enhancing an agency or project's business practices related to cultural competency and diversity. Identification and development of the case studies will draw from the needs assessment findings, OTIS project directory search, local program evaluation reports prepared by local projects, and key informant interviews. The Capacity Building Center will work with the CDHS/TCS on the selection and development of the case studies. Case studies will be 5 to 20 pages in length. They will be disseminated via mail, listserv, website, conferences and trainings.</p> <p>Start Period: 01/09-06/09 End Period: 01/10-06/10</p>		<p>Case studies</p> <p>On File</p>		<p>Non-Budgeted</p>
Training/Technical Assistance Activities				
<p>Design, schedule and conduct 20-30 two to four hour local/regional face to face and webinar trainings on cultural competency and diversity issues for California Tobacco Control funded projects. Trainings will include 10 to 40 participants. Handouts and presentation materials will be provided at the training and posted to the Capacity Building Center's website following the trainings.</p> <p>Start Period: 01/08-06/08 End Period: 01/10-06/10</p>	10.00%	<p>Submitted</p> <p>Annual training schedule Training agendas, handouts, and presentation materials</p> <p>On File</p>	No	<p>Budgeted</p> <p>Project Consultants Project Director</p> <p>Non-Budgeted</p>
<p>Plan, design, implement and maintain a "Peer to Peer" technical assistance service in which CDHS/TCS funded projects, can ask a question of their peers. The question will be sent to the Capacity Building Center for distribution through a listserv. Responses will be consolidated by the Capacity Building Center and pushed back out to the initiator and the list serve. Typically, responses will be turned around in 7-10 working days, but quicker responses may be addressed on an as need basis and at the workload discretion of the</p>	2.00%	<p>Submitted</p> <p>Peer to Peer summaries</p> <p>On File</p>	No	<p>Budgeted</p> <p>Program Consultant</p> <p>Non-Budgeted</p>

Capacity Building Center. Responses will also be maintained on a Q&A on section of the Capacity Building Center's website. Start Period: 01/08-06/08 End Period: 01/10-06/10				
Design, plan deliver and maintain a one-on-one technical assistance service delivered by a highly competent team comprised of staff and off-site consultants who provide 10 to 20 hours of one-on-one consultation every six months. Consultation will be provided to CDHS/TCS projects via in-person meetings, telephone, email and fax in response to requests for assistance. Start Period: 01/08-06/08 End Period: 01/10-06/10	5.00%	Submitted On File TA tracking logs	No	Budgeted Project Consultants Project Director Non-Budgeted
Provide 2-5 presentations on cultural competency and diversity issues per year at statewide trainings and conferences organized by others. Presentations will be 15 minutes to 1.5 hours in length. Post presentation materials and handouts on the Capacity Building Center's website. Start Period: 01/08-06/08 End Period: 01/10-06/10	3.00%	Submitted Presentation materials On File	Yes	Budgeted Project Director Non-Budgeted
Plan, develop and implement 1-2 interactive online training courses that may address the following topics: assessing organizational cultural competency and diversity practices, delivering culturally competent tobacco control programs, recruiting and maintaining a diverse workforce, and recruiting and maintaining a diverse coalition. Planning steps will involve reviewing the literature, reviewing needs assessment findings, discussions with other statewide training and technical assistance providers, reviewing other online training programs, and cultural competency training and diversity courses. Development steps will include: conducting literature searches, identifying learning objectives, course content and course materials; hiring experts to write course content; expert review of the draft course; field testing the course with 5-10 people, working with a web-designer, quality assurance and beta testing. The course(s) will include an interactive participant survey to assess learning and satisfaction with	15.00%	Submitted live interactive website course url On File Project development notes	Yes	Budgeted Project Consultants Project, DirectorWeb design subcontractor Non-Budgeted

the quantity and quality of the course.

Start Period: 01/09-06/09

End Period: 01/10-06/10

Scope of Work: Overview & Evaluation Activities

Evaluation Design

Overall Design

Plan type:

Other without Measurable Outcome

Evaluation Activity Plan

Question	Response	©	% Deliverable	Tracking Measures	Timeline	Responsible Parties
Education/Participant Survey						
What existing instrument will be used for the survey? If there is no existing instrument, please describe the main topic(s) and question(s) for the survey.	Face to Face and Webinar Participant Training Survey. Develop a participant survey template to be used following all trainings. It will assess who was served, satisfaction with the training content, methods and materials used during the trainings, and whether participants learned new information or skills. The template will include standard items that will be collected of any training conducted, and a section to collect items tailored for unique training topics. Provide draft to Tobacco Control Evaluation Center for comments prior to finalization.	Yes	2.00%	Submitted Participant survey instrument Results from each training On File		Budgeted Local Program Evaluator Non-Budgeted
How many waves of the survey will be conducted?	1					
How will the sample be selected?	Purposive from among participants at Capacity Building Center trainings.					

How many will be in the sample?	300					
What is the primary method in which the survey will be conducted?	Pen-to-paper					
How will the results be analyzed and interpreted?	Descriptive statistics. Results will be analyzed for strengths and weaknesses in trainings and will be used to modify future trainings.					
Progress report period in which the survey will be conducted:					01/08-06/08 07/08-12/08 01/09-06/09 07/09-12/09 01/10-06/10	
Progress report period in which the survey results will be analyzed and disseminated:					01/08-06/08 07/08-12/08 01/09-06/09 07/09-12/09	
What existing instrument will be used for the survey? If there is no existing instrument, please describe the main topic(s) and	Online Training Program Participant Survey; Consult with the Tobacco Control Evaluation Center to develop an online participant survey that will be completed by participants completing the online training program. The	Yes	1.00%	Submitted Online Participant survey instrument		Budgeted Local Program Evaluator Project Director

question(s) for the survey.	survey will assess demographics, satisfaction with the quality and content of the program, new information and/or skills, and the applicability of the training to the participant's job.			Report summarizing online participant surveys On File		Non-Budgeted
How many waves of the survey will be conducted?	1					
How will the sample be selected?	Purposive sample of those who register and complete the online training course(s).					
How many will be in the sample?	100					
What is the primary method in which the survey will be conducted?	Internet Survey					
How will the results be analyzed and interpreted?	Descriptive and content analysis will be done. Comparisons will be made related to different types of users. Results will be used to improve the training program.					
Progress report period in which the survey will be conducted:					01/09-06/09 07/09-12/09 01/10-06/10	
Progress report period in which the survey results will be analyzed and disseminated:					07/09-12/09 01/10-06/10	

Focus Group						
What is the discussion topic(s) or purpose for this focus group?	Focus Group to Pilot Test Marketing Brochure for the Capacity Building Center. Clarity of the services provided, how to access services, what you can expect from services, etc.	Yes	.50%	Submitted Focus group questions Report summarizing focus group findings On File		Budgeted Program Consultant Local Program Evaluator Non-Budgeted
How many times will this focus group be conducted?	1					
What are the criteria to select the participants or who will be in the group(s)?	CDHS/TCS funded projects, CDHS/TCS staff					
How many participants will be in this focus group?	7					
How will the results be analyzed and interpreted?	Content analysis from written notes. Identify common themes, words, and concepts. Use results to improve content and appropriate tailoring of the marketing brochure.					
Progress report period(s) in which the focus group will be conducted:					01/08-06/08	
Progress report period(s) in which the focus group results will be analyzed and disseminated:					01/08-06/08	
What is the discussion topic(s) or purpose for this	Cultural Competency/Diversity Organizational Practices Needs Assessment Tool: To develop	Yes	2.00%	Submitted Focus group		Budgeted Local Program

focus group?	and refine a needs assessment tool that will assist CDHS/TCS funded projects to assess the cultural competency and diversity practices of their agencies/projects. Focus group will seek to identify if the questions in the needs assessment are reliable, practical, and the ease at which the data is available, protocols for use, and interpretation of findings.			questions Summary report of focus group findings On File		Evaluator Project Director Non-Budgeted
How many times will this focus group be conducted?	2					
What are the criteria to select the participants or who will be in the group(s)?	CDHS/TCS-funded project directors					
How many participants will be in this focus group?	7					
How will the results be analyzed and interpreted?	Content analysis for themes and concepts. Findings will be used to refine the Cultural Competency					
Progress report period(s) in which the focus group will be conducted:					07/08- 12/08 01/09- 06/09	
Progress report period(s) in which the focus group results will be analyzed and disseminated:					01/09- 06/09	
Key Informant Interview						
What existing instrument will be used for the interview? If there is no	Key Informant Interviews for Case Study Materials. Develop Key Informant questions to develop case studies to model and highlight	Yes	5.00%	Submitted Key Informant questions		Budgeted Program Consultant

existing instrument, please describe the main topic(s) and question(s) for the interview.	cultural competency and diversity efforts integrated into tobacco control. Check with the Tobacco control Evaluation Center regarding existing key informant questions that could be adapted. Questions will assess planning steps such as implementation and associated challenges, successful framing messages, key supporters, and lessons learned.			On File Summary report of key informant interviews for each case study		Local Program Evaluator Non-Budgeted
How many waves of the interviews will be conducted?	1					
Who will be the key informants?	Local project directors, local program evaluators, key partners within the community identified by local project directors.					
How many key informants will be in this interview?	12					
What is the primary method in which the interview will be conducted?	Telephone					
How will the results be analyzed and interpreted?	Content analysis. Assess for common themes.					
Progress report period in which the interview will be conducted:					01/09-06/09 07/09-12/09 01/10-06/10	
Progress report period in which the interview results will be analyzed and disseminated:					01/10-06/10	

What existing instrument will be used for the interview? If there is no existing instrument, please describe the main topic(s) and question(s) for the interview.	Work with Tobacco Control Evaluation Section to create one or more written key informant surveys that will be used to pilot test the appropriateness of the content and inform 244 of the 4-10 guides and tip sheets. Question address was the content helpful, was it thorough enough, was it priority population appropriate, was it appropriate to the settings and kinds of work being performed	Yes	2.00%	Submitted 4 Key Informant Survey tools On File Summary report of key informant surveys		Budgeted Local Program Evaluator Project Director Non-Budgeted
How many waves of the interviews will be conducted?	4					
Who will be the key informants?	CDHS/TCS project directors; CDHS/TCS staff.					
How many key informants will be in this interview?	20					
What is the primary method in which the interview will be conducted?	Pen-to-paper					
How will the results be analyzed and interpreted?	Content analysis for themes and concepts. Results will be used to revise and improve the tip sheets and guides prior to finalization.					
Progress report period in which the interview will be conducted:					01/08-06/08 07/08-12/08 01/09-06/09 07/09-12/09	
Progress report period in which the interview results					01/08-06/08	

will be analyzed and disseminated:					07/08-12/08 01/09-06/09 07/09-12/09	
Other						
Please describe other process evaluation activities: (e.g., collect and analyze letters of support or opposition, testimony, correspondence, website usage statistics, etc.):	Website Usage: monitor the number of hits total, number of hits per page, number of times a specific document has been downloaded, etc.	No	.50%	Submitted Web site usage report every 6 months On File		Budgeted Project Director Non-Budgeted
Evaluation Activity ID						
Please describe other process evaluation activities: (e.g., collect and analyze letters of support or opposition, testimony, correspondence, website usage statistics, etc.):	Technical Assistance Database: Maintain technical assistance request/response database that tracks the number of request by priority population, content, and responses. Will be used to facilitate consistent technical assistance provided to help guide planning for future trainings and technical assistance resources.	No	.50%	Submitted Database summary report every six months Summary of TA requests On File		Budgeted Local Program Evaluator Non-Budgeted